

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED	
2021 DEC 16 A 10:20	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Mendoza, Mary L.		()	()	MendozaForCityCouncil@gmail.com
STREET ADDRESS		CITY	STATE	ZIP CODE
		San Fernando	CA	91340
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Member of the City Council	San Fernando			PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)				<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____				<input type="checkbox"/> SPECIAL / RUNOFF
				2022 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12 08 2021
(month, day, year)

Signature

Mary Mendoza
(Candidate)