

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>SOLDRIO, MARY</u>		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional) <u>MARY.SOLDRIO.FOR.SEA@gmail.com</u>
STREET ADDRESS		STATE	ZIP CODE	
<u>San Fernando</u>		<u>CA</u>	<u>91340</u>	
OFFICE SOUGHT (POSITION TITLE) <u>Council Member</u>	AGENCY NAME <u>City of San Fernando</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION	PARTY PREFERENCE: <u>Democrat</u>		(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:	<u>San Fernando</u> (Name of Multi-County Jurisdiction)	<u>2022</u> (Year of Election)	<input type="checkbox"/> SPECIAL / RUNOFF	

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 8/12/22
(month, day, year)

Signature [Handwritten Signature]
(Candidate)