

**Officeholder and Candidate
Campaign Statement –
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <p>November 8, 2022</p>	<p><input checked="" type="checkbox"/> Amendment (Explain Below)</p> <p>Received over \$2000</p>
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<p>RECEIVED</p> <p>2022 OCT -5 P 4: 03</p> <p>CITY OF SAN FERNANDO CITY CLERK</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mary Solorio

STREET ADDRESS
.

CITY STATE ZIP CODE
San Fernando CA 91340

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
marysolorioforsf@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Fernando

4. Committee Information

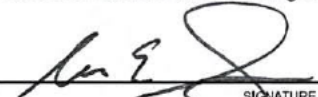
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Solorio for City Council 2022 ID# 1453657	San Fernando CA 91340	Andre Paet

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/05/22 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

<input checked="" type="checkbox"/> Amendment (Explain Below) Received over \$2000 _____ _____	Date Stamp	CALIFORNIA FORM 470 SUPPLEMENT For Official Use Only
This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.		

SEE INSTRUCTIONS ON REVERSE

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mary Solorio

STREET ADDRESS

CITY STATE ZIP CODE
San Fernando CA 91340

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
marysolorioforsf@gmail.com

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
City Council

DATE OF ELECTION (MONTH, DAY, YEAR)
November 8, 2022

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

October 3, 2022

(MONTH, DAY, YEAR)