

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
CITY OF SAN FERNANDO
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JAN 09 2026 PM02:30
CITY CLERK DEPARTMENT

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Solorio, Mary	()		marysolorioforsf@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
City Council Member	City of 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 type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
(Name of Multi-County Jurisdiction)		2026	(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 01/08/2026
 (month, day, year)

Signature Maria Elena Solorio
 (Candidate)

FPPC Form 501 (August/2018)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov