

## Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

|            |                       |                       |
|------------|-----------------------|-----------------------|
| Date Stamp | CITY OF S             | CALIFORNIA FORM 501   |
|            | RECEIVED              | For Official Use Only |
|            | 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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ | (Name of Multi-County Jurisdiction) | 2026<br>(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)

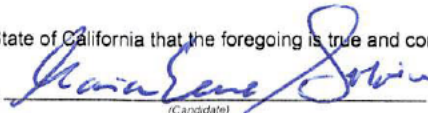
☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

### 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 01/08/2026  
(month, day, year)

Signature

  
(Candidate)

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