

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Solorio, Marsha DAYTIME TELEPHONE NUMBER [REDACTED]
 STREET ADDRESS [REDACTED] CITY [REDACTED] ZIP CODE [REDACTED]

Treasurer OFFICE SOUGHT (POSITION TITLE) City of West Covina AGENCY NAME
West Covina, Ca. 91790 DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (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.)

 (Year of Election) **Primary/general election** _____
 (Year of Election) **Special/runoff election**

(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 8/8/18 (month, day, year) Signature [REDACTED]

RECEIVED
 2018 AUG -8 AM 10: 01
 COPY OF WEST COVINA
 CITY CLERK'S OFFICE