

**Candidate Intention Statement**

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

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LOS ANGELES COUNTY  
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CALIFORNIA FORM **501**  
For Official Use Only

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Cruz, Marisol	( 319 ) 906-7033	( )	mcruz33@msn.com
STREET ADDRESS	CITY	STATE	ZIP CODE
	Lennox	CA	90304
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
County Supervisor	Los Angeles County	2	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 checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2020 (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 04/11/2019  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)

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