Candidate Intention Statement  Check One: Initial	Type or Print in Ink.	Date Stamp RECE LOS ANGE 2021 HAR -	8 AM II: 40
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial) Solis, Hilda	DAYTIME TELEPHONE NUMBER FAX ( 310 ) 477-8081	NUMBER (optional) E-MAIL )	(optional)
STREET ADDRESS	CITY	. STATE ZIP COI	DE
* * *	El Monte	CA 9173	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	3	DISTRICT NUMBER, if applicable.	□ NON-PARTISAN
LA County Supervisor  DEFICE JURISDICTION  State (Complete Part 2)  City County Multi-County:	(Name of Multi-County Jurisdiction)	2022 (Year of Election)	PARTY: Democratic
(CalPERS candidates, judges, judicial candidates, and candidates for local offices  (Year of Election)  (Check one box)  (CalPERS candidates, judges, judicial candidates, and candidates for local offices  (Year of Election)	Special/runoff election		
I accept-the-voluntary-expenditure-ceiling-for-the-election-	stated_above		
Amendment:  O I did not exceed the expenditure ceiling for the egeneral or special run-off election.		and I accept the voluntar	y expenditure ceiling for the
(Mark if applicable)  On, I contributed personal funds in exc	ess of the expenditure ceiling for the election	ion stated above.	
3. Verification:			
Executed on March 7th, 2021	of California that the foregoing is true and Signature(Canditials)	d corrects	•