

**Candidate Intention Statement**

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LOS ANGELES COUNTY  
2019 APR 26 AM 11:44  
CAMPAIGN FINANCE

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2019 APR 26 AM 11:44

CALIFORNIA FORM 501  
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2019 APR 26 PM 12:26  
4/24/19

Check One:  Initial  Amendment (Explain) Amending to correct phone number

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Cruz, Marisol	DAYTIME TELEPHONE NUMBER (310) 906-7033	FAX NUMBER (optional) ( )	EMAIL (optional) mcruz33@msn.com
STREET ADDRESS Lennox	CITY CA	STATE CA	ZIP CODE 90304
OFFICE SOUGHT (POSITION TITLE) County Supervisor	AGENCY NAME Los Angeles County	DISTRICT NUMBER, if applicable. 2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
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 04/24/2019  
(month, day, year)

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