

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) Solis, Hilda (310) 477-8081 () STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [] NON-PARTISAN LA County Supervisor LA County PARTY: Democratic

OFFICE JURISDICTION [] State (Complete Part 2.) [] City [X] County [] Multi-County: (Name of Multi-County Jurisdiction) 2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 3/23/2017 (month, day, year)

Signature (Candidate)