Candidate Intention Statement

Check One: ☑ Initial   ☐ Amendment (Explain) _____

_____

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Sonia Savoulian

DAYTIME TELEPHONE NUMBER ▉▉▉▉

FAX NUMBER (optional) ( )

EMAIL (optional) sonia4signalhill@gmail.com

STREET ADDRESS ▉▉▉▉

CITY Signal Hill

STATE CA

ZIP CODE 90755

OFFICE SOUGHT (POSITION TITLE) City Council

AGENCY NAME City of Signal Hill

DISTRICT NUMBER, if applicable.

☑ **NON-PARTISAN OFFICE**

PARTY PREFERENCE: (Check one box, if applicable.)

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☑ City   ☐ County   ☐ Multi-County:

City of Signal Hill
_____
(Name of Multi-County Jurisdiction)

2024
(Year of Election)

☑ PRIMARY / GENERAL
☐ SPECIAL / RUNOFF

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 ▉▉▉▉ ...rect.

Executed on __08__ __05__ __2024__
(month, day, year)

Signatu... ▉▉▉▉