Candidate In	ment		Date Stamp		CALIFORNIA 501			
Check One:	⊠ Initial ☐	Amendment (Explain)					For Official Use Only 14 JUN 2018 PM CITY CLERK'S OF	
1. Candidate I	nformation:						!	
NAME OF CANDIDATE	(Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUM	BER (optional)	E-MAIL	(optional)	
Soto, Gloria, S.			(()				
STREET ADDRESS			CITY		STATE	ZIP CO	DE	
OFFICE SOUGHT (POS	SUCON TITLE)	AGENCY NAME	Santa Maria	lni	CA STRICT NUMBER,	9345	7	
			•			п аррпсавіе.	☑ NON-PARTISAN	
Santa Maria City OFFICE JURISDICTION		Gloria Soto fo	r Santa Maria City Council	U	District 3		PARTY:	
☐ State (Complet								
⊠ City □ C	County Multi-Co	City of Santa Ma	(Name of Multi-County Jurisdiction)		201 (Year of E			
(Check one box)	Primary/general elec	(Year of Election)	. Special/runoff election tated above.					
☐ I do not acc	•	penditure ceiling for the el	ection stated above.					
	ot exceed the expen neral or special run-		y or special election held on:		_ and I accept	the volun	tary expenditure ceiling for	
(Mark if applicable)								
☐ On/_	, I contribut	ted personal funds in exce	ss of the expenditure ceiling for t	the election s	stated above.			
3. Verification:				.			<u> </u>	
I certify under	penalty of perjury	under the laws of the St	ate of California that the foreco	oina is true a	and correct.			
Executed on	June 14, 201 (month, day, year)	8 Signature				£DDr.	FPPC Form 501 {Jan/201	

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