

# Candidate Intention Statement

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DEC 04 2023	For Official Use Only
BY: [REDACTED] DEPUTY	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>Viegas, Mary P.</b>		DAYTIME TELEPHONE NUMBER <b>( 530 ) 774-6980</b>	FAX NUMBER (optional) <b>( )</b>	EMAIL (optional) <b>mviegas8@gmail.com</b>
STREET ADDRESS [REDACTED]		CITY <b>Orland</b>	STATE <b>CA</b>	ZIP CODE <b>95963</b>
OFFICE SOUGHT (POSITION TITLE) <b>County Supervisor, District 3</b>	AGENCY NAME <b>County of Glenn</b>	DISTRICT NUMBER, if applicable. <b>3</b>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
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)		2024 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 State of California that the foregoing is true and correct.

Executed on 12 4 2023 Signature: [REDACTED]  
(month, day, year)