

Candidate Intention Statement

CALIFORNIA FORM 501

Check One: Initial

Amendment (Explain) _____

Date Stamp

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

INFANTI, MARK L

DAYTIME TELEPHONE NUMBER

(805) 697 6581

FAX NUMBER (optional)

EMAIL (optional)

INFANTI.SOLVANG@GMAIL.COM

STREET ADDRESS

920 NYSTED DR SOLVANG

STATE

CA

ZIP CODE

93463

OFFICE SOUGHT (POSITION TITLE)

SOLVANG MAYOR

AGENCY NAME

SOLVANG

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

County

Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2022

(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

07/18/2022
(month, day, year)

Signature

Mark L Infanti
(Candidate)