

# Candidate Intention Statement

Date Stamp City of San Clemente  <b>AUG 08 2019</b>  City Clerk Department	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Seller Christina L</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( ) _____	EMAIL (optional) _____
STREET ADDRESS [REDACTED]		CITY <u>San Clemente</u>	STATE <u>CA</u>	ZIP CODE <u>92672</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>City of San Clemente</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(Check one box, if applicable.) <u>2019</u> (Year of Election)	<input type="checkbox"/> PRIMARY / GENERAL <input checked="" 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 8/8/19  
(month, day, year)

Signature [REDACTED]  
(Candidate)