

Candidate Intention Statement

Date Stamp City of San Clemente	CALIFORNIA FORM 501
AUG 07 2019	For Official Use Only
City Clerk Department	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) McLANE, Michael DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY San Clemente, CA STATE CA ZIP CODE 92672

OFFICE SOUGHT (POSITION TITLE) Seat on City Council AGENCY NAME San Clemente City Council DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL RUNOFF

(Year of Election) 2019

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 August 8, 2019 Signature [REDACTED]

(month, day, year) (date)