

Candidate Intention Statement

Date Stamp City of San Clemente AUG 13 2019 City Clerk Department CALIFORNIA FORM 501 For Official Use Only

Check One: [x] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) Selter, Christina CITY STATE ZIP CODE San Clemente CA 92672 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [x] NON-PARTISAN OFFICE City Council Member City of San Clemente PARTY PREFERENCE: OFFICE JURISDICTION (Check one box, if applicable.) [ ] State (Complete Part 2.) [x] PRIMARY / GENERAL [x] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) 2020 (Year of Election) [ ] 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 7-18-2019 (month, day, year)

Signature