

Candidate Intention Statement

City of San Clemente

Date Stamp

MAY 26 2020

CALIFORNIA FORM 501

For Official Use Only

City Clerk Department

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hart, William E. DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY San Clemente STATE CA ZIP CODE 92672 OFFICE SOUGHT (POSITION TITLE) Member of City Council AGENCY NAME City of San Clemente DISTRICT NUMBER, if applicable. [] NON-PARTISAN OFFICE OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) [X] PRIMARY / GENERAL [] SPECIAL / RUNOFF 2020 (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 May 20 2020 Signature [Redacted] (month, day, year) (Candidate)