

Candidate Intention Statement

City of San Clemente
Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

AUG 03 2020

City Clerk Department

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Wu, Zhen DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () N/A EMAIL (optional) [REDACTED]

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

OFFICE SOUGHT (POSITION TITLE) member of the City Council, short term (2yrs) AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2020

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 7/23/2020
(month, day, year)

Signature [REDACTED]