

Candidate Intention Statement

City of San Clemente

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

AUG 05 2020

City Clerk Department

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Gene James

DAY TIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

STATE

San Clemente CA 92672

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

Council member

City of San Clemente

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2020 (Year of Election)

PRIMARY / GENERAL

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

Aug 5 2020 (month, day, year)

Signature

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov