

Candidate Intention Statement

City of San Clemente
Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

AUG 06 2020

City Clerk Department

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

KENNEY, JOSEPH A

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2020
(Year of Election)

CITY (COUNCIL MEMBER), CITY OF SAN CLEMENTE
(4 YEAR TERM)

SAN CLEMENTE, CA 92672

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, 2020
(month, day, year)

Signature _____
(Candidate)