Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

_____

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Jerald W. Quinlan

DAYTIME TELEPHONE NUMBER ▮▮▮▮▮

FAX NUMBER (optional) (—) N/A

EMAIL (optional) ▮▮▮▮▮

STREET ADDRESS ▮▮▮▮▮

CITY San Clemente

STATE California

ZIP CODE 92672

OFFICE SOUGHT (POSITION TITLE) City Council 2/yr Term

AGENCY NAME City of San Clemento

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ 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 ___8 5 2020___
(month, day, year)

Signature ▮▮▮▮▮
(Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov