Candidate Intention Statement		City of San Themente	CALIFORNIA 501
Check One:   ☐ Initial  ☐ ☐ Amendment (Explain	n)	JUL <b>2 9</b> 2020	For Official Use Only
		— Gity Clerk Department	
1. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPLIQUE MUMBER	FAX NUMBER (optional) EMAIL (optional)	,
STREET ADDRESS  MEMBER OF CHARGE OURCE  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  AGENCY NAME	San Clemente	STATE ZIP CODE  C A 92 C  DISTRICT NUMBER, if applicable. FILNON-	
Member of City council	1 2 year Term		REFERENCE: REPERENCE:
OFFICE JURISDICTION  State (Complete Part 2.)		_	Check one box, if applicable.
City County Multi-County:	(Name of Multi-County Jurisdiction)	20 00 -	PRIMARY/GENERAL SPECIAL/RUNOFF
(Check one box)  ☐ I accept the voluntary expenditure ceiling for the  ☐ I do not accept the voluntary expenditure ceiling  Amendment:  ☐ I did not exceed the expenditure ceiling in the ceiling for the general or special run-off ele	for the election stated above.  he primary or special election held o	n// and I accept	the voluntary expenditure
(Mark if applicable)			
☐ On,/I contributed personal fund	ds in excess of the expenditure ceilir	ng for the election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the	he Sta <u>te of California that the forego</u>	ing is true and correct.	
Executed on 7/26/20 Signal			EDDC Form FO1 / August /2