

Candidate Intention Statement

City of San Clemente
Date Stamp
AUG 03 2020
City Clerk Department

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Smith, Charles R. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY San Clemente STATE CA ZIP CODE 92673

OFFICE SOUGHT (POSITION TITLE) City Council Member, City of San Clemente 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)

PARTY PREFERENCE: 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 August 3, 2020 Signature [REDACTED]

(month, day, year) (Candidate)