

# Candidate Intention Statement

City of San Clemente  
CALIFORNIA FORM **501**  
SEP 14 2020  
City Clerk Department  
For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
\_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Wellman, Jeff	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	AGENCY NAME City of San Clemente	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 09/10/2020  
(month, day, year)

Signature [REDACTED]  
(Candidate)