

Candidate Intention Statement

City of San Clemente

CALIFORNIA FORM 501

Check One: [X] Initial [ ] Amendment (Explain)

JUL 19 2022

For Official Use Only

City Clerk Department

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Kamp, Dennis O
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY San Clemente STATE CA ZIP CODE 92673
OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME City of San Clemente
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
[X] City [ ] County [ ] Multi-County:
2022 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election Special/runoff election

(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 information provided is true and correct.

Executed on July 15, 2022 (month, day, year)

Signature

Clear Form

Print Form