

Candidate Intention Statement

City of San Clemente

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial

Amendment (Explain) \_\_\_\_\_

AUG 12 2022

City Clerk Department

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Fetty Chanel

PAX NUMBER (optional)

STREET ADDRESS

STATE

CA

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County

Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

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.)

(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

Aug 12 - 2022  
(month, day, year)

Signature

[Redacted Signature]