

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
For Official Use Only
City of San Clemente
AUG 16 2022

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) HIRSCHMAN, SHANE
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional) City Clerk Department
STREET ADDRESS
CITY SAN CLEMENTE, CA
STATE
ZIP CODE
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL
AGENCY NAME CITY OF SAN CLEMENTE
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION (Check one box, if applicable.)
[] State (Complete Part 2.)
[] City [] County [] Multi-County: CITY OF SAN CLEMENTE
2022 (Year of Election)
[] PRIMARY / GENERAL
[] 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)
[X] 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 08/16/2022 (month, day, year) Signature