Candidate Intention Statement	City of San Clamente CALIFORNIA 501
Check One: Amendment (Explain)	AUG 1 7 2022 For Official Use Only
	City Clerk Department
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial) Tohnson, Thor E	AX NUMBER (optional) EMAIL (optional)
San Clemen	STATE CA
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City Council	DISTRICT NUMBER, if applicable. PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.) Office Jurisdiction State (Complete Part 2.) (Name of Multi-County Jurisdiction)	(Check one box, if applicable.) 7022 PRIMARY / GENERAL
 (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 at Amendment: I did not exceed the expenditure ceiling in the primary or special election for the general or special run-off election. 	ction held on/ and I accept the voluntary expenditure
(Mark if applicable) On,I contributed personal funds in excess of the expen	diture ceiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State 10 11 and a	t the foregoing is true and correct.
Executed on	Candidate) FPPC Form 501 (August/2018 FPPC Advice: advice@fppc.ca.gov (866/275-3772

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