

# Candidate Intention Statement

Check One:  Initial

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

Date Stamp  
**City of San Clemente**  
**JUL 1 0 2023**  
 City Clerk Department

**CALIFORNIA**  
**FORM 501**  
 For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Vidrine, Donna C

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE BOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

PARTY:

Council Member

City of San Clemente

CA

NON-PARTISAN

OFFICE JURISDICTION

City  County  Multi-County: \_\_\_\_\_

(Name of Multi-County Jurisdiction)

2024

(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.)

Year of Election Primary/general election

Year of 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 foregoing is true and correct.

Executed on June 26 2023

Signature \_\_\_\_\_

(Candidate)