

Candidate Intention Statement

City of San Clemente Date Stamp APR 15 2024 CALIFORNIA FORM 501 For Official Use Only City Clerk Department

Check One: [ ] Initial [x] Amendment (Explain) Corrected district number

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Watts, Angela DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY San Clemente STATE CA ZIP CODE OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME City of San Clemente DISTRICT NUMBER, if applicable District 3 NON-PARTISAN OFFICE OFFICE JURISDICTION (Check one box, if applicable.) [ ] State [x] City [ ] County [ ] Multi-County: 2024 (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)

- [ ] 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 04 15 2024 Signature (Candidate)