

Candidate Intention Statement

City of San Clemente
Date Stamp

CALIFORNIA FORM **501**
For Official Use Only

Check One: Initial Amendment (Explain) _____

APR 19 2024

City Clerk Department

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Schneider, Sarah	[REDACTED]	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	San Clemente	CA	[REDACTED]
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Council Member	City of San Clemente	Dist. 4	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)		2024	<input type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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 4/19/24 Signature [REDACTED]
(month, day, year) (Candidate)