

Candidate Intention Statement

City of San Clemente

Date Stamp
MAY 09 2024
City Clerk Department

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
 Loeffler, Rick [REDACTED] ()

STREET ADDRESS CITY STATE ZIP CODE
 [REDACTED] San Clemente Ca [REDACTED]

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
 Council Member District 3 City of San Clemente 3

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)
 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 May 9, 2024
(month, day, year)

Signature [REDACTED]