

Candidate Intention Statement

City of San Clemente

CALIFORNIA FORM 501

For Official Use Only

JUN 14 2024

City Clerk Department

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Quintanilla, Amanda
STREET ADDRESS CITY STATE ZIP CODE
San Clemente Ca
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE
City Council City of San Clemente 3
OFFICE JURISDICTION (Check one box, if applicable.)
[] State (Complete Part 2.) [X] 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 06 12 2024 (month, day, year)

Signature [Redacted] (Candidate)