Candidate Intention Statement

Date Stamp

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CITY OF DANA POINT
CITY CLERK'S DEPARTMENT

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Michael Villar

DAYTIME TELEPHONE NUMBER ██████████

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS
████████████

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)
City Council

AGENCY NAME
City of Dana Point

DISTRICT NUMBER, if applicable.
District 5

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

2020
(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 6/7/2020
(month, day, year)

Signature ████████████
(Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov