

# Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) \_\_\_\_\_

2020 JUL 30 PM 2:48

CITY OF DANA POINT  
CITY CLERK'S DEPARTMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Bebee Benjamin T

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

S

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

Dana Point City Council

5

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ 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

07/28/2020

(month, day, year)

Signature

(Candidate)

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)

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CALIFORNIA  
FORM

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CITY CLERK'S DEPARTMENT

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Benjamin T Bebee

STREET ADDRESS

PO Box 7833 Capistrano Beach CA 92624

CITY

STATE

ZIP CODE

(951) 722-1054

AREA CODE/DAYTIME PHONE NUMBER

ben.beebe4cc@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Dana Point

DISTRICT NUMBER  
(IF APPLICABLE)

5

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

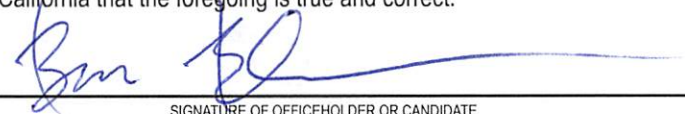
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

07/28/2020

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE