

Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Clark, Letitia
DAYTIME TELEPHONE NUMBER [Redacted]
FAX NUMBER (optional) [Redacted]
EMAIL (optional)
STREET ADDRESS 249 E. Ocean Blvd. #670
CITY Long Beach
STATE CA
ZIP CODE 90802
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME City of Tustin
DISTRICT NUMBER, if applicable
NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION
State (Complete Part 2.)
City
County
Multi-County:
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 12/23/2019 (month, day, year)

Signature [Redacted]