

RECEIVED

Candidate Intention Statement

Date Stamp  
**MAY 14 2024**  
 City of Del Mar  
 Administrative Services Dept.

**CALIFORNIA FORM 501**  
 For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Spelich, John W. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) \_\_\_\_\_

STREET ADDRESS [REDACTED] CITY Del Mar STATE CA ZIP CODE 92014

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Del Mar, CA DISTRICT NUMBER, if applicable \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

2024 (Year of Election)

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 information provided is true and correct.

Executed on

MAY 14, 2024  
(month, day, year)

Signature

[REDACTED SIGNATURE]