

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp

RECEIVED

JUL 22 2019

City Clerk Dept.
City of San Marcos

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

NORRIS, KEVIN

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

()

STATE

ZIP CODE

CITY

SAN MARCOS

CA

92069

OFFICE SOUGHT (POSITION TITLE)

CITY COUNCIL

AGENCY NAME

CITY OF SAN MARCOS

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

4

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

2020

PRIMARY / GENERAL

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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 information contained on this form is true and correct.

Executed on 7/23/2019
(month, day, year)

Signature _____