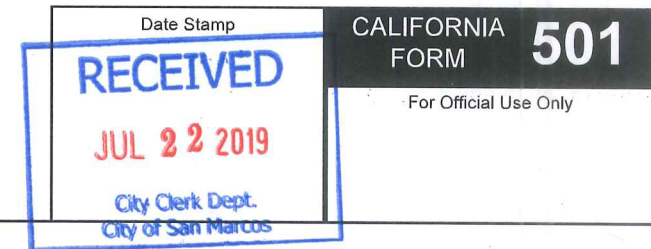


Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) NORRIS, KEVIN DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____
STREET ADDRESS _____ CITY SAN MARCOS STATE CA ZIP CODE 92069
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF SAN MARCOS DISTRICT NUMBER, if applicable. 4 ☒ NON-PARTISAN OFFICE
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 7/23/2019
(month, day, year)

Signature _____