

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp Received MAY 06 2022	CALIFORNIA FORM 501
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Nuñez, Maria

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Councilmember, City of San Marcos

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

One (1)

PARTY PREFERENCE: NPP

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

2022

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 foregoing is true and correct.

Executed on May 6 2022
(month, day, year)

Signs

Officeholder and Candidate
Campaign Statement --
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp Received JUL 29 2022 City Clerk Department City of San Marcos
11/8/2022		CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Maria Nunez

STREET ADDRESS

543 Alamitos Way

CITY

STATE

ZIP CODE

San Marcos

CA

92078

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember District 1

JURISDICTION (LOCATION)

San Marcos

DISTRICT NUMBER
(IF APPLICABLE)

1

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
N/A		

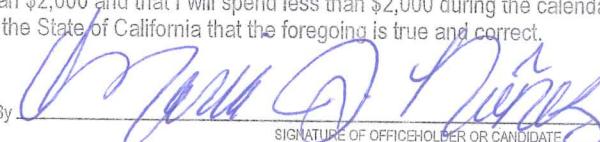
5. Verification

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 July 29, 2022

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement –
Short Form**

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

11/8/2022

Amendment (Explain Below)

Date Stamp

Received

OCT 26 2022

City Clerk Department
City of San Marcos

CALIFORNIA
FORM

470

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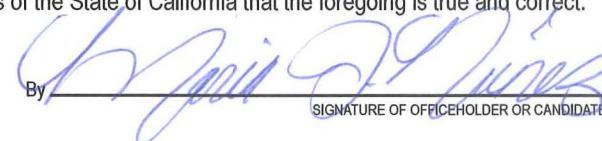
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Executed on October 26, 2022
DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE



Officeholder and Candidate
Campaign Statement –
Short Form

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