

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Núñez, Maria			
STREET ADDRESS	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Councilmember, City of San Marcos		One (1)	PARTY PREFERENCE: NPP
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2022	(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 foregoing is true and correct.

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

Signe

Officeholder and Candidate
Campaign Statement --
Short Form

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

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Maria Nunez

STREET ADDRESS

543 Alamos 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	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp Received OCT 26 2022 City Clerk Department City of San Marcos	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 Alamos Way

CITY

San Marcos

STATE

CA

ZIP CODE

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 October 26, 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	CALIFORNIA FORM 470
Received	For Official Use Only
OCT 26 2022	
City Clerk Department City of San Marcos	

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Maria Nunez

STREET ADDRESS

CITY

San Marcos

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

92078

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 October 26, 2022

DATE

By, 

SIGNATURE OF OFFICEHOLDER OR CANDIDATE