

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

RECEIVED Date Stamp APR 11 2018	CALIFORNIA FORM 501
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Zink William B.

STREET ADDRESS

DAYTIME TEL FPHONE NI IMRFR

FAX NUMBER (optional)

E-MAIL (optional)

()

STATE

ZIP CODE

Ca.

92069

OFFICE SOUGHT (POSITION TITLE)

Mayor

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2018

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election
(Year of Election)

Special/runoff election
(Year of Election)

(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 04/07/2018
(month, day, year)

Signature

V (Candidate)

FPPC Form 501 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) _____ _____ _____	Date Stamp RECEIVED AUG 09 2018 For Official Use Only
11/6/2018		City Clerk Dept. City of San Marcos

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

William Bradley Zink

STREET ADDRESS

CITY San Marcos

AREA CODE/DAYTIME PHONE NUMBER

STATE Ca. ZIP CODE 92069

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

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
<u>N/A</u>		

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.

08/09/2018

Executed on

DATE

By

TE

[Clear Form](#)

[Print Form](#)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date _____ File No. _____ Received _____
Official Use Only
AUG 09 2018
City Clerk Dept.
City of San Marcos
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST)

Zink

(FIRST)

William

Bradley

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

city of San Marcos

Mayor

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

N/A

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of San Marcos

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2017, through December 31, 2017.

Leaving Office: Date Left ____/____/_____
(Check one)

-or-
The period covered is ____/____/_____, through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/_____, through the date of leaving office.

Candidate: Date of Election 2018 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

San Marcos

Ca. 92069

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 08/09/2018
(month, day, year)

Signature

(File the originally signed statement with your filing official.)