

## Candidate Intention Statement

Date Stamp	CALIFORNIA FORM
RECEIVED	501
JUL 20 2020	For Official Use Only
City Clerk Dept.	
City of San Marcos	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Kramer, Neil, R	( [REDACTED] )	( [REDACTED] )	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	San Marcos	CA	92069
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	
City Council Member	City of San Marcos	4th District	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE: (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: <u>San Marcos</u>	<input type="checkbox"/> SPECIAL / RUNOFF		
(Name of Multi-County Jurisdiction)		2020 (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 7-20-2020  
(month, day, year)

Signature [REDACTED]  
(Candidate)