

Officeholder and Candidate
Campaign Statement –
Short Form

| |
|---|
| Date of election if applicable: (Month, Day, Year) |
| N/A |

☐ Amendment (Explain Below)

| | |
|--|-----------------------|
| Date Stamp | CALIFORNIA FORM 470 |
| RECEIVED | For Official Use Only |
| JAN 31 2022 | |
| City Clerk Dept. City of San Marcos | |

1. Statement Covers Calendar Year 20 21 .

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

City Council Member

JURISDICTION (LOCATION)

San Marcos

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 |
|--------------------------------|-------------------|-------------------|
| N/A | | |
| | | |

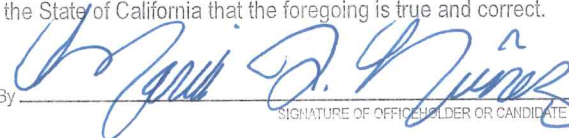
5. Verification

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 January 31, 2022

DATE

By


SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

☐ Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM 470
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)