

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
Received MAY 05 2022 City Clerk Department City of San Marcos	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jake Henry	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS	CITY San Marcos	STATE California	ZIP CODE 92078
OFFICE SOUGHT (POSITION TITLE) Mayor of San Marcos	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	PARTY PREFERENCE: Democrat (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 05 04 2022
(month, day, year)

Signature _____

Candidate Intention Statement

Received

Date Stamp

JUN 13 2022

City Clerk Department
City of San Marcos

CALIFORNIA
FORM

501

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Check One: ☐ Initial ☒ Amendment (Explain) CHANGE OF ADDRESS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

JAKE HENRY

DAYTIME TELEPHONE NUMBER

()

FAX NUMBER (optional)

()

EMAIL (optional)

STREET ADDRESS

CITY

SAN MARCOS

STATE

CA

ZIP CODE

92069

OFFICE SOUGHT (POSITION TITLE)

MAYOR

AGENCY NAME

CITY OF SAN MARCOS

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

SAN MARCOS

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

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Executed on

06-13-2022

(month, day, year)

Signature

(Candidate)