

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM
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

STATE

ZIP CODE

San Marcos

California 92078

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

Mayor of San Marcos

PARTY PREFERENCE: Democrat

OFFICE JURISDICTION

State (Complete Part 2.)

2022

PRIMARY / GENERAL

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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 information contained in this statement is true and correct.

Executed on 05 04 2022
(month, day, year)

Signature

Candidate Intention Statement

Check One: Initial

Amendment (Explain)

CHANGE OF ADDRESS

Received

Date Stamp

JUN 13 2022

City Clerk Department
City of San Marcos

CALIFORNIA
FORM

501

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

STATE

ZIP CODE

SAN MARCOS

CA 92069

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

MAYOR

CITY OF SAN MARCOS

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

SAN MARCOS

2022

PRIMARY / GENERAL

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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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

06-13-2022
(month, day, year)

Signature

(Candidate)