

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM	501
Received		
AUG 04 2022		
City Clerk Department City of San Marcos		
For Official Use Only		

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <i>Ahmed Ambreen Farid AA</i>	DAYTIME TELEPHONE NUMBER ()	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS	STATE	ZIP CODE	CA 92078
OFFICE SOUGHT (POSITION TITLE) <i>Council Member</i>	AGENCY NAME	DISTRICT NUMBER, if applicable. 2	<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: <i>City of San Marcos</i>	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF <i>(Name of Multi-County Jurisdiction)</i> <i>2022</i> (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 8/04/2022
(month, day/year)

Signature _____

[Signature]
(Candidate)

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
Received
SEP 06 2022
City Clerk Department
City of San Marcos

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

624 GEMSTONE DR

CITY

SAN MARCOS

STATE

CA

ZIP CODE

92078

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

SAN MARCOS

DISTRICT NUMBER
(IF APPLICABLE)

DISTRICT 2

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.

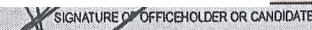
COMMITTEE NAME AND ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 8/31/22
DATE

By _____

 SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) _____	Date Stamp Received OCT 24 2022 City Clerk Department City of San Marcos
		CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

AMBREEN AHMED

STREET ADDRESS

CITY

STATE

ZIP CODE

SAN MARCOS

CA

92078

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

SAN MARCOS

DISTRICT NUMBER
(IF APPLICABLE)
DISTRICT 2

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		
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 10/24/2022
DATE

By _____

Dr Ambreen Ahmed

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM

470
SUPPLEMENT

For Official Use Only

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

Ambreen Ahmed

STREET ADDRESS

CITY

STATE

ZIP CODE

san marcos

ca

92078

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

City Council

DISTRICT NUMBER
(IF APPLICABLE)

2

DATE OF ELECTION (MONTH, DAY, YEAR)

11/08/2022

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

(MONTH, DAY, YEAR)