

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
Received	For Official Use Only
AUG 04 2022	
City Clerk Department 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)
Ahmed Ambreen Farid AA				
STREET ADDRESS		STATE	ZIP CODE	
		CA	92078	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE	
	Council Member	2		
OFFICE JURISDICTION	CITY OF SAN MARCOS		PARTY PREFERENCE:	
<input type="checkbox"/> State (Complete Part 2.)	(Name of Multi-County Jurisdiction)		(Check one box, if applicable.)	
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:			<input checked="" type="checkbox"/> PRIMARY / GENERAL	
			<input type="checkbox"/> SPECIAL / RUNOFF	
	2022		(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

(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

[REDACTED]

STREET ADDRESS

624 GEMSTONE DR

CITY

SAN MARCOS

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

STATE

CA

ZIP CODE

92078

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

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

FPPC Form 470/470 Supplement (Jan/2016)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/276-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)



Officeholder and Candidate  
Campaign Statement –  
Short Form

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

11/08/2022

☐ 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

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

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

san marcos

STATE

ca

ZIP CODE

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 Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

(MONTH, DAY, YEAR)