Candidate Intention Statement

RECEIVED
Date Stamp
CITY CLERK'S OFFICE
OCT 17 2016
CITY OF PASO ROBLES

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): KEVIN P. O'NEILL

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

E-MAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY: PASO ROBLES

STATE:

ZIP CODE:

OFFICE SOUGHT (POSITION TITLE): CITY COUNCIL

AGENCY NAME: CITY OF PASO ROBLES

DISTRICT NUMBER, if applicable:

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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.)

_____ (Year of Election) ***Primary/general election*** _____ (Year of Election) ***Special/runoff election***

(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 10-17-16 *(month, day, year)*, Signature [redacted] *(candidate)*