Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Allred, Jacob R

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)
City Council

AGENCY NAME
Paso Robles

OFFICE JURISDICTION
City

DISTRICT NUMBER, if applicable.
4

PARTY PREFERENCE:
2020

(Year of Election)

(Complete Part 2.)

NON-PARTISAN OFFICE

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, if applicable.)

✓ 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.

☐ 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 ___/___/2020

(month, day, year)

Signature