Candidate Intention Statement

Check One:  ☑️ Initial  □ Amendment (Explain) ________________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)  ☒ RYAN A CORNER
STREET ADDRESS
AGENCY NAME  ☒ CITY OF PASO ROBLES
OFFICE SOUGHT (POSITION TITLE)  ☒ CITY TREASURER
OFFICE JURISDICTION
☑️ County  ☐ Multi-County:  ☐ State (Complete Part 2.)
D Multi-County: (Name of Multi-County Jurisdiction)
D Primary / General
D Special / Runoff
PARTY PREFERENCE:

DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional)  ☒ ryanacorner21@email.com
STATE  ☒ CA
ZIP CODE  ☒ 93446
DISTRICT NUMBER, if applicable

2. State Candidate Expenditure Limit Statement:

(Ca/PERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ 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 8/12/2020
Signature ____________________________

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