

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp <b>RECEIVED</b> AUG 08 2022 gd Office of the City Clerk	CALIFORNIA FORM <b>501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Taylor Ryan S	DAYTIME TELEPHONE NUMBER (209) 850-0078	FAX NUMBER (optional) ( ) NA	EMAIL (optional) OurTurlock@gmail.com
STREET ADDRESS 4324 Bellevue Ct.	CITY Turlock	STATE CA	ZIP CODE 95382
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME	DISTRICT NUMBER, if applicable. 3	<input checked="" 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: _____ (Name of Multi-County Jurisdiction)			PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

## 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 August 7, 2022 Signature Ryan S Taylor  
(month, day, year) (Candidate)