

Candidate Intention Statement

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MAY 18 2022
CITY OF PASO ROBLES

CALIFORNIA FORM 501
For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Martin, Steven W
DAYTIME TELEPHONE NUMBER (805) 674-4890
FAX NUMBER (optional) (805) 238-6319
EMAIL (optional) smartincenter@gmail.com
STREET ADDRESS
CITY Paso Robles
STATE CA
ZIP CODE 93446
OFFICE SOUGHT (POSITION TITLE) Mayor
AGENCY NAME City of Paso Robles
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE [X]
PARTY PREFERENCE:
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
2022 (Year of Election)
[X] PRIMARY / GENERAL
[] 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)

[X] 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 5/18/22 (month, day, year)

Signature [Redacted] (Candidate)