

Candidate Intention Statement

Date Stamp RECEIVED JAN 19 2022 TUSTIN CITY CLERK'S OFFICE	CALIFORNIA FORM 501 For Official Use Only
--	---

Check One: Initial Amendment (Explain) AMEND FOR NEW ADDRESS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Gallagher, Ryan</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <u>Tustin</u>	STATE <u>CA</u>	ZIP CODE <u>92782</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council Member</u>	AGENCY NAME <u>City of Tustin</u>	DISTRICT NUMBER, if applicable.	<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)		2024 (Year of Election)	(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 [REDACTED] correct.

Executed on 01/11/2022 Signature [REDACTED]
(month, day, year)

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	MAR 15 2021
	TUSTIN CITY CLERK'S OFFICE

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Gallagher, Ryan	[REDACTED]	()	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Tustin	CA	92782
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council Member	City of Tustin		PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	2024 (Year of Election)	<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 03/11/2021 Signature [REDACTED]
(month, day, year) (Candidate)