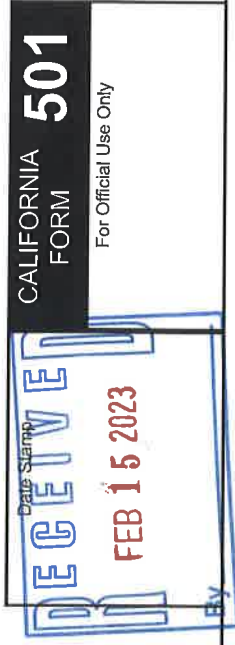


Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Kelley, Ryan E.

DAYTIME TELEPHONE NUMBER

(760) 791-3908

FAX NUMBER (optional)

() ()

EMAIL (optional)

robbyn.kelley90@yahoo.com

STREET ADDRESS

448 Russell Road

CITY

Brawley

STATE

CA

ZIP CODE

92227

OFFICE SOUGHT (POSITION TITLE)

County Supervisor

AGENCY NAME

Imperial County

DISTRICT NUMBER, if applicable, ☒ NON-PARTISAN OFFICE

District #4

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

PARTY PREFERENCE:

(Check one box, if applicable.)

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

2/15/2023

(month, day, year)

Signature

Ryan E. Kelley

(Candidate)