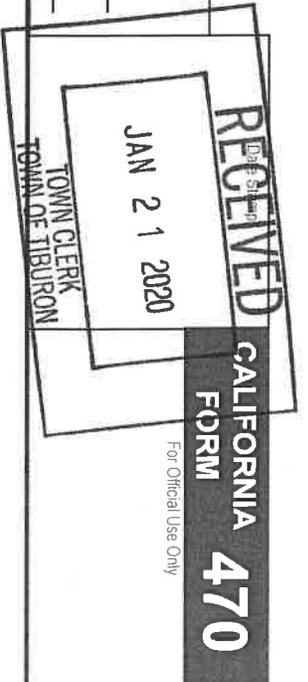


Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
March 3, 2020

Amendment (Explain Below)



1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jack Ryan

STREET ADDRESS
 [REDACTED]

CITY
Tiburon

STATE
CA

ZIP CODE
94920

AREA CODE/DAYTIME PHONE NUMBER
 [REDACTED]

OPTIONAL: FAX/EMAIL ADDRESS
redjackryan20@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember, Town of Tiburon

JURISDICTION (LOCATION)
Tiburon CA

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

Executed on January 21, 2020 DATE

By [REDACTED]

Clear Form

Print Form