

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) <u>Nov 6 2018</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp JUL 29 2020	CALIFORNIA FORM 470 For Official Use Only
--	--	----------------------------------	---

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: DIRK STARBUCK
 STREET ADDRESS: 1408 PALMBLTS
 CITY: Lompoc STATE: CA ZIP CODE: 93436
 AREA CODE/DAYTIME/PHONE NUMBER: (805) 315-5776 OPTIONAL: FAX / E-MAIL ADDRESS: _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Lompoc City Council
 JURISDICTION (LOCATION): Lompoc
 DISTRICT NUMBER (IF APPLICABLE): 3

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 of California that the foregoing is true and correct.

Executed on 29 July 2020 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

