

# Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

AUG 12 2022

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

STARBUCK DIRK L

DAYTIME TELEPHONE NUMBER

(805) 315-5776

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

1408 PALMETTO

CITY

Lompoc

STATE

CA

ZIP CODE

93436

OFFICE SOUGHT (POSITION TITLE)

Council member

AGENCY NAME

City of Lompoc

DISTRICT NUMBER, if applicable

3

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2022

(Year of Election)

## 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

August 12, 2022

(month, day, year)

Signature

(Candidate)