

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

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Date Stamp
AUG 12 2022

City of Lompoc - City Clerk's Office

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Robert J. Barrera DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

Robert J. Barrera (Last, First Middle Initial) 933 Clements Way CITY Lompoc STATE CA ZIP CODE 93436

STREET ADDRESS 933 Clements Way AGENCY NAME _____ DISTRICT NUMBER, if applicable 3 NON-PARTISAN OFFICE

OFFICE SOUGHT (POSITION TITLE) _____ PARTY PREFERENCE: _____
(Check one box, if applicable.)

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

YEAR OF ELECTION 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 Aug 08, 2022 (month, day, year) Signature [Signature] (Candidate)