

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle initial) Dunn Kenneth M. DAYTIME TELEPHONE NUMBER (805) 717-5574 FAX NUMBER (optional) _____ EMAIL (optional) kenneth.dunn@netmail.com

STREET ADDRESS City Council member AGENCY NAME 709 N. D ST, APT. 2 CITY Lompoc STATE CA ZIP CODE 93436

OFFICE SOUGHT (POSITION TITLE) District 3 DISTRICT NUMBER, if applicable: 3 PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION _____ (Check one box; if applicable.)

State (Complete Part 2) _____ (Name of Multi-County Jurisdiction) _____

City County Multi-County _____ (Year of Election) 2022

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalS TRS 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 8-12-2022

(month, day year)

Signature

Kenneth M. Dunn

(Candidate)