

RECEIVED

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
AUG - 7 2024	
For Official Use Only	

Check One:  Initial  Amendment (Explain)

City of Lompoc - City Clerk's Office

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) PEREZ LYDIA I. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY LOMPOC STATE CA ZIP CODE 93430

AGENCY NAME SB COUNTY ELECTIONS OFFICE DISTRICT NUMBER, if applicable. [REDACTED]  NON-PARTISAN OFFICE

OFFICE JURISDICTION: MAYOR PARTY PREFERENCE: DEMOCRATIC  
 State (Complete Part 2.)  PRIMARY / GENERAL  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2024 (Year of Election)  SPECIAL / RUNOFF

## 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 7TH, 2024 (month, day, year) Signature Lydia Perez (Candidate)