

Candidate Intention Statement

Date Stamp RECEIVED JUL 16 2024 CITY OF SOLVANG	CALIFORNIA FORM 501 For Official Use Only
---	---

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Brown, David</u>	DAYTIME TELEPHONE NUMBER <u>(805) 686-2321</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>David@G3Acuity.com</u>
STREET ADDRESS <u>425 Alisal Rd Apt. #1</u>	CITY <u>Solvang</u>	STATE <u>CA</u>	ZIP CODE <u>93463</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME <u>City of Solvang</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	<u>Santa Barbara County</u> (Name of Multi-County Jurisdiction)	<u>2024</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 July 16, 2024 (month, day, year) Signature [Signature] (Candidate)