

Candidate Intention Statement

Date Stamp RECEIVED 2022 FEB 24 PM 1:34 CALIFORNIA FORM 501 For Official Use Only CITY OF DANA POINT CITY CLERK'S DEPARTMENT

Check One: [x] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) JOHN GABBARD DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY DANA POINT STATE CA ZIP CODE 92629 OFFICE SOUGHT (POSITION TITLE) DANA POINT CITY COUNCIL AGENCY NAME DISTRICT NUMBER, if applicable. DISTRICT 1 OFFICE JURISDICTION [x] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) 2022 (Year of Election) [ ] NON-PARTISAN OFFICE PARTY PREFERENCE: [ ] PRIMARY / GENERAL [ ] 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)

[x] 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)

[x] On, 02/22/22 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 information provided is true and correct.

Executed on 02/22/20 (month, day, year)

Signature

