

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

FILED Date Stamp JUL 29 2024 SANTA BARBARA COUNTY ELECTIONS	CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) MORRIS DAVID W	DAYTIME TELEPHONE NUMBER (805) 886-1983	FAX NUMBER (optional) ()	EMAIL (optional) dwmorris73@gmail.com
STREET ADDRESS [REDACTED]	CITY SANTA BARBARA	STATE CA	ZIP CODE 93111-1736
OFFICE SOUGHT (POSITION TITLE) SBC BOARD OF TRUSTEES	AGENCY NAME SANTA BARBARA COUNTY	DISTRICT NUMBER, if applicable 4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	(Check one box, if applicable.) 2024 (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.)

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 29, 2024 Signature [REDACTED]