

Candidate Intention Statement

Date Stamp FILED AUG 14 2024	CALIFORNIA FORM 501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Lisa Antonia Sloan</u>		DAYTIME TELEPHONE NUMBER <u>(805) 729-1846</u>	FAX NUMBER (optional) <u>() P</u>	EMAIL (optional) <u>SloanforSBCC@proton.me</u>
STREET ADDRESS [REDACTED]		CITY <u>Goleta</u>	STATE <u>CA</u>	ZIP CODE <u>93117</u>
OFFICE SOUGHT (POSITION TITLE) <u>Trustee Trustee AZ</u>	AGENCY NAME <u>Santa Barbara Community College District</u>	DISTRICT NUMBER, if applicable <u>2</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		<input type="checkbox"/> SPECIAL / RUNOFF		
		(Name of Multi-County Jurisdiction)		
		<u>2024</u> (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.)

(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 information provided is true and correct.

Executed on 8.14.24
(month, day, year)

Signature [REDACTED]
(Candidate)