

# Candidate Intention Statement

Date Stamp <b>FILED</b> JUL 30 2024 SANTA BARBARA COUNTY ELECTIONS	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Richards, Kyle A.	DAYTIME TELEPHONE NUMBER ( 805 ) 451-8219	FAX NUMBER (optional) ( )	EMAIL (optional) richards.kyle@gmail.com
STREET ADDRESS [REDACTED]	CITY Goleta	STATE CA	ZIP CODE 93117
OFFICE SOUGHT (POSITION TITLE) Board of Trustees	AGENCY NAME Santa Barbara City College	DISTRICT NUMBER, if applicable. 2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <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)		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.)

(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 30, 2024  
(month, day, year)

Signature [REDACTED]