

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM**501**

Check One: Initial Amendment (Explain) _____

For Official Use Only

CITYRSM'22RUG10PM 2:19

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Dixon, Ken H.

DAYTIME TELEPHONE NUMBER

(949) 334 7453

FAX NUMBER (optional)

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EMAIL (optional)

STREET ADDRESS

[REDACTED]

CITY

Tribuno Canyon

STATE

CA

ZIP CODE

92679

OFFICE SOUGHT (POSITION TITLE)

Member of City Council Rancho Santa Margarita

AGENCY NAME

DISTRICT NUMBER, if applicable

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:
(Check one box, if applicable.)2022
(Year of Election) 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)

 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

Aug 10, 2022
(month, day, year)

Signature

Ken H.
(Candidate)

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov