Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: 🔀 Initial 🔲 Amendment (Explain)		CITY OF GOLETA CITY CLERK'S OFFI	For Official Use Only
		2015 AUG -4 AM 9:	6
1. Candidate Information:			Commence of the Commence of th
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (c	pptional)
Tony Vallejo	(805) 845-2046	805) 845-2046	
STREET ADDRESS	CITY	STATE ZIP COD	E
6253 Guava Ave	Goleta	Ca 93117	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable.	NON-PARTISAN
City Council City of Golet	а	1	PARTY:
OFFICE JURISDICTION			
State (Complete Part 2.) V City County Multi-County Goleta		2016	
	(Name of Junsdiction)	2016 (Year of Election)	
(Check one box) I do not accept the voluntary expenditure ceiling for the Amendment: I did not exceed the expenditure ceiling in the print the general or special run-off election.	stated above. election stated above.	and I accept the volunta	ry expenditure ceiling for
(Alaskii analisakki	Andreas and Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment		
(Mark if applicable) On/, I contributed personal funds in exceptions.	cess of the expenditure ceiling for the ele	ection stated above.	
3. Verification:		pane total trial productive desiring as a side of a control of the	attention to the desire and the state of the
I certify under penalty of perjury under the laws of the Stat	e of California that the foregoing is true a	and correct.	
Executed on	Signature (Cardidate		

FPPC Form 501 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC