

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
\_\_\_\_\_

Date Stamp CITY OF GOLETA CITY CLERK'S OFFICE 2016 FEB -3 PM 2:36	<b>CALIFORNIA</b> <b>FORM</b> For Official Use Only <b>501</b>
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Farr, James B	DAYTIME TELEPHONE NUMBER ( 805 ) 689-9094	FAX NUMBER (optional) ( )	E-MAIL (optional) jamesfarr111@cox.net
STREET ADDRESS 6269 Shamrock Ave	CITY Goleta	STATE CA	ZIP CODE 93117
OFFICE SOUGHT (POSITION TITLE) Goleta City Council	AGENCY NAME City of Goleta	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2016 (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.)

\_\_\_\_\_  
(Year of Election) **Primary/general election**      \_\_\_\_\_  
(Year of Election) **Special/runoff election**

(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 2-1-16  
(month, day, year)

Signature James B. Farr  
(Candidate)