

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

CITY OF GOLETA CITY CLERK'S OFFICE Date Stamp 2016 AUG -1 AM 11:42	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) SWANEY, Aaron J.		DAYTIME TELEPHONE NUMBER (805) 689.8718	FAX NUMBER (optional) ()	E-MAIL (optional) aaronswaney@gmail.com
STREET ADDRESS 118 Salisbury Ave		CITY Goleta	STATE CA	ZIP CODE 93117
OFFICE SOUGHT (POSITION TITLE) Council member	AGENCY NAME City of Goleta	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN	
OFFICE JURISDICTION		PARTY:		
<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)		(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 8/1/2016 Signature _____
 (month, day, year) (Candidate)