Candidate Intention Statement	,	CITY OF GOLEDAN Stamp	CALIFORNIA 501
Check One:   Initial	) —	1016 AUG 15 PM 4: 13	For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-M	AIL (optional)
STREET ADDRESS	(805)757-6492 CITY	( ) STATE ZIP	dave teamhaus.com
666 Barrington Dr. OFFICE SOUGHT (POSITION TITLE)  AGENCY NAM	Goleta	C.A.	93117
Councilmenter Cit	of Goleta	DISTRICT NUMBER, if applical	PARTY:
OFFICE JURISDICTION  State (Complete Part 2.)			
☑ City ☐ County ☐ Multi-County:	y of Goleta (Name of Multi-County Jurisdiction)		-
(Check one box)  I accept the voluntary expenditure ceiling for the election  I do not accept the voluntary expenditure ceiling for the Amendment:	ion stated above.		
O I did not exceed the expenditure ceiling in the p the general or special run-off election.	rimary or special election held on: _	and I accept the vo	pluntary expenditure ceiling for
	Normal S S Systems		
(Mark if applicable)  On/, I contributed personal funds in	excess of the expenditure ceiling for	r the election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the	ne State of California that the fore	going is true and correct.	
0/15/2015	nature (Candidate)	28	FPPC Form 501 (Jan/2016 PPC Advice: advice@fppc.ca.gov (866/275-3772

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