

Candidate Intention Statement

Date Stamp CITY OF GOLETA CITY CLERK 2018 JAN 22	CALIFORNIA FORM 501 For Official Use Only AM 11:42
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Kyriaco, Jr. James, A.		(805) 451-2278	()	
STREET ADDRESS		CITY	STATE	ZIP CODE
124 Sumida Gardens Ln #209		Santa Barbara	CA	93111
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN
City Councilmember	City of Goleta			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)				
				2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(Ca/FERS and Ca/STRS 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 1/19/18 (month, day, year) Signature [Handwritten Signature] (Candidate)