

Candidate Intention Statement

CITY OF GOLETA
CITY CLERK'S OFFICE
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CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Bennett, Michael T.		DAYTIME TELEPHONE NUMBER (805) 964-8156	FAX NUMBER (optional) (805) 563-1158	E-MAIL (optional)
STREET ADDRESS 5662 Calle Real #407		CITY Goleta	STATE CA	ZIP CODE 93117
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME City of Goleta	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN	
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)		PARTY: 2018 (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 2/23/18 Signature [Handwritten Signature]
(month, day, year) (Candidate)