

Candidate Intention Statement

Date Stamp
CITY OF GOLETA
CITY CLERK'S OFFICE
 2018 APR 23 PM 1:37

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Perotte Paula A. DAYTIME TELEPHONE NUMBER (805) 685-8535 FAX NUMBER (optional) _____ E-MAIL (optional) Paula.Perotte@cox.net

STREET ADDRESS 7847 Rio Vista Drive CITY Goleta STATE Ca. ZIP CODE 93117

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Goleta DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: Santa Barbara County (Name of Multi-County Jurisdiction) Year of Election 2018

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 4-23-18 Signature Paula A. Perotte
 (month, day, year) (Candidate)