

Candidate Intention Statement

CITY OF GOLETA
CITY CLERK'S OFFICE

Date Stamp

2019 OCT 1 AM 10:20

CALIFORNIA FORM **501**

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Rojas, Lindsay		(805) 455-6528	()	
STREET ADDRESS		CITY	STATE	ZIP CODE
5683 Gato Ave		Goleta	CA	93117
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Council	City of Goleta		PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:		<input type="checkbox"/> SPECIAL / RUNOFF		
City of Goleta		2020		
(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.)

(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 10/11/19
(month, day, year)

Signature Lindsay Rojas
(Candidate)