

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

CITY OF GOLETA
CITY CLERK'S OFFICE
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2020 JUL -2 PM 4:48

CALIFORNIA FORM **501**
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Kasdin, Stuart R.	DAYTIME TELEPHONE NUMBER (805) 717-6486	FAX NUMBER (optional) ()	EMAIL (optional) stuart.kasdin@gmail.com
STREET ADDRESS 7636 Hollister Ave. Unit 258	CITY Goleta	STATE CA	ZIP CODE 93117
OFFICE SOUGHT (POSITION TITLE) city council	AGENCY NAME city of Goleta	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
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)		(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	2020 (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 07 02 2020
(month, day, year)

Signature Stuart Kasdin
FB04DF4035A0403... (Candidate)