

**Candidate Intention Statement**

CITY OF GOLETA

DATE STAMP  
 CALIFORNIA  
 JAN 29 2021  
 RECEIVED

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)
Roger S. Aceves		(805)	895 8105	( )	rogersaceves@gmail.com
STREET ADDRESS		CITY		STATE	ZIP CODE
643 Ardmore Drive		Goleta		CA	93117
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Goleta City Council	City of Goleta				PARTY PREFERENCE:
OFFICE JURISDICTION					(Check one box, if applicable.)
<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)					<input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
					2022 (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 1-29-2021  
 (month, day, year)

Signature [Signature]  
 (Candidate)