

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

CITY OF GOLETA  
CITY CLERK'S OFFICE

2010 JUL 12 PM 1 13

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Bennett, Michael T. DAYTIME TELEPHONE NUMBER (805) 331-2956 ( ) FAX NUMBER (optional) ( ) E-MAIL (optional) ( )

STREET ADDRESS 6213 Avenida CITY Goleta STATE CA ZIP CODE 93117

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

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_ Primary/general election (Year of Election) \_\_\_\_\_ Special/runoff election (Year of 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 July 12, 2010 (month, day, year)

Signature Michael T. Bennett (Candidate)