Candidate Intention Statement	Type or Print in Ink.	Date Stamp	california 501
Check One: Initial Amendment (Explain)	CITY OF GOLI	I
1. Candidate Information: NAME OF CANDIDATE (Last, First, Middle Initial) Stapelmann, Reyne M STREET ADDRESS 6293 Muirfield Drive OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	681-8308 DAYTIME TELEPHONE NUMBER (805) RST CITY Goleta	FAX NUMBER (optional) E-M	
City (owncil Member OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: City o	(Name of Multi-County Jurisdiction)		PARTY:
2. State Candidate Expenditure Limit Staten (CalPERS candidates, judges, judicial candidates, and candidates for local offic (Year of Election) (Check one box) I accept the voluntary expenditure ceiling for the election Amendment: I did not exceed the expenditure ceiling in the prim general or special run-off election.	Special/runoff election on stated above. e election stated above.	and ! accept the volu	ntary expenditure ceiling for the
(Mark if applicable) On/, I contributed personal funds in a	excess of the expenditure ceiling for the	e election stated above.	
3. Verification: I certify under penalty of perjury under the laws of the St Executed on 7/27/10 (month, day, year)	ate of California that the foregoing is true	ue and correct.	

FPPC Form 501 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTIO

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