Candidate Intention Statement	Type or Print in Ink.	CITY OP OC	地形TA OFFICE	CALIFORNIA FORM 501
Check One: Initial				For Official Use Only
1. Candidate Information:				
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (op	tional)
VALLEJO, ANTHONY	(805)845-2046	(805) 845-2046	TONY@	TONYVALLEJO-CPA.COM
STREET ADDRESS	CITY	STATE	ZIP CODE	
6253 GUAVA AVE	GOLETA	CA	93117	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER	R, if applicable.	NON-PARTISAN
CITY COUNCIL CITY OF GO	DLETA		P	ARTY:
OFFICE JURISDICTION				
State (Complete Part 2.)		2	014	
☑ City ☐ County ☐ Multi-County: ————	(Name of Multi-County Jurisdiction)		of Election)	
(Year of Election) Primary/general election (Year of Election) (Check one box) I accept the voluntary expenditure ceiling for the election I do not accept the voluntary expenditure ceiling for the Amendment: O I did not exceed the expenditure ceiling in the primal general or special run-off election.	n stated above.	and I accept	the voluntary e	expenditure ceiling for the
(Mark i applicable) ☐ On/, I contributed personal funds in e	ccess of the expenditure ceiling for t	he election stated above.		
3. Verification: I certify under penalty of perjury under the laws of the Sta	te of California that the foregoing is	true and correct.		