

Candidate Intention Statement

Type or Print in Ink.

CITY OF GOLETA  
CITY CLERK'S OFFICE

2014 JUN 14 PM 4:21

CANDIDATE INTENTION STATEMENT  
CALIFORNIA  
FORM  
501

For Official Use Only

Check One:  Initial

Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Bennett, Michael T. DAYTIME TELEPHONE NUMBER (805) 964-8156 FAX NUMBER (optional) 805 964-8455 E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS 6213 Avenida Garrion CITY City of Goleta ZIP CODE 93117

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Goleta

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

DISTRICT NUMBER, if applicable: \_\_\_\_\_ STATE CA PARTY:  NON-PARTISAN

(Year of Election) 2014

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) Primary/general election

\_\_\_\_\_  
(Year of Election) Special/runoff 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 7/14/14  
(month, day, year)

Signature Michael T. Bennett  
(Candidate)