

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED 7/20/22 [Signature]	
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Steven Andrew Goma DAYTIME TELEPHONE NUMBER [Redacted] FAX NUMBER (optional) [Redacted] EMAIL (optional) GOMA@REASON.COM

STREET ADDRESS [Redacted] CITY [Redacted] STATE CA ZIP CODE 93041

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Port Hueneume DISTRICT NUMBER, if applicable: _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 July 20, 2022 (month, day, year) Signature [Redacted] (Candidate)