

Candidate Intention Statement



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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Bozajian, James R. DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) Calabasas City Council AGENCY NAME City of Calabasas DISTRICT NUMBER, if applicable. OFFICE JURISDICTION OFFICE JURISDICTION (Check one box, if applicable.)

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 07/20/22 Signature (Candidate)