FORM For Official Use Only Check One: Initial Amendment (Explain) 1. Candidate Information: NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) Parmar, Jasjeet (Monica), Kaur STREET ADDRESS ZIP CODE CITY OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE Councilmember, City of Calabasas N/A N/A PARTY PREFERENCE: OFFICE JURISDICTION (Check one box, if applicable.) PRIMARY / GENERAL State (Complete Part 2.) 2022 N/A SPECIAL/RUNOFF City County Multi-County: (Name of Multi-County Jurisdiction) (Year of Election) 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) ☑! accept the voluntary expenditure ceiling for the election stated above. ☐ I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: O 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. 16 2022 Executed on Signature (month, day, year) (Candidate)

Candidate Intention Statement

CALIFORNIA