

Candidate Intention Statement

BBK city clerk 05-12-22AM10:22

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Takahashi, TamaLa
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional)
STREET ADDRESS
CITY Burbank
STATE CA
ZIP CODE 91505
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE
OFFICE JURISDICTION
State (Complete Part 2.)
City [X] County County Multi-County:
PARTY PREFERENCE:
PRIMARY / GENERAL
SPECIAL / RUNOFF
2022 (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)

[] 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 05/02/2022 (month, day, year)

Signature [Redacted]