

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

CITY OF WESTLAKE VILLAGE
WESTLAKE VILLAGE, CA

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
 Johnson, Pam (818) 601-2246 () SBJPRJAAJ@AOL.COM
 STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
 City Councilmember City of Westlake Village

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: City of Westlake Village (Name of Multi-County Jurisdiction)
 PARTY PREFERENCE: (Check one box, if applicable.)
 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 8/8/22
(month, day, year)

Signature [Redacted]