

Candidate Intention Statement

Date Stamp RECEIVED <i>APR 18, 2022</i> CITY OF UNION CITY CITY CLERK'S OFFICE	CALIFORNIA FORM 501 For Official Use Only <i>AMB</i>
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Bajwa, Vipam S		DAYTIME TELEPHONE NUMBER (510)	FAX NUMBER (optional) ()	EMAIL (optional) vipansbajwa@gmail.com
STREET ADDRESS		CITY Union City	STATE CA	ZIP CODE 94587
OFFICE SOUGHT (POSITION TITLE) Councilmember	AGENCY NAME City of Union City	DISTRICT NUMBER, if applicable. 4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		2022	<small>(Year of Election)</small>	

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 4/15/2022
(month, day, year)

Signature _____
(Candidate)