

Candidate Intention Statement

Date Stamp FILED AUG 06 2024 SANTA BARBARA COUNTY ELECTIONS	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Boteju, Aruni S	DAYTIME TELEPHONE NUMBER (805) 724-0970	FAX NUMBER (optional) () NA	EMAIL (optional) boteju4Office@gmail.com
STREET ADDRESS [REDACTED]	CITY Santa Barbara	STATE CA	ZIP CODE 93111
OFFICE SOUGHT (POSITION TITLE) Candidate Board of Trustee	AGENCY NAME Santa Barbara Community College District Boteju4Office	DISTRICT NUMBER, if applicable. TA-4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Democrat
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: Santa Barbara County (Name of Multi-County Jurisdiction)		2024 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CaIPERS 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 08/05/2024
(month, day, year)

Signature [REDACTED]