

Candidate Intention Statement



CALIFORNIA FORM 501 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)
"BO" BOGDAN F. AMROZIEWICZ (530) 575-2454
STREET ADDRESS CITY STATE ZIP CODE
OFFICE Sought (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE
SUPERVISOR EL DORADO COUNTY 4
OFFICE JURISDICTION (Check one box, if applicable.)
State (Complete Part 2)
City County Multi-County: EL DORADO COUNTY (Name of Multi-County Jurisdiction) 2022 (Year of Election)
PRIMARY / GENERAL
SPECIAL / RUNOFF

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 ~~11-29-2021~~ <sup>8/20</sup>, 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 11-29-2021 (month, day, year)

Signature

