					200		FORM For Official Us	5
Check One: Dinitial	nendment (Explain) _				(17 av		indered	
							2/17/22	-41
1. Candidate Information:				_	R S			
NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX	UMBER	(optional)	EMAIL	(optional)	
Darian Bojeaux			(	)		boje	aux@earthlink.net	
STREET ADDRESS		CITY		-	STATE	ZIP CO	DE	
		Beverly Hills			CA	9021	0	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRI	CT NUME	BER, if applica	ble. VNO	N-PARTISAN OFFICE	
City Councilmember	City of Bever	y Hills				PARTY	PREFERENCE:	
OFFICE JURISDICTION						1.000000	(Check one box, if applicat	ole.)
State (Complete Part 2.)					2022		PRIMARY / GENERAL	ŝ
City County Multi-County:		(Name of Multi-County Jurisdiction)		-	(Year of E	lection)	SPECIAL / RUNOFF	
2. State Condidate Expanditure I	imit Statement:			10,000				_
2. State Candidate Expenditure L	imit Statement:							

(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 ceiling for the general or special run-off election.	I accept the voluntary expenditure
(Mark if applicable)	
On,I contributed personal funds in excess of the expenditure ceiling for the election stated	above.
3. Verification:	4010 (A
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Executed on Feb. 14 2022 Signature (Cendidate)	
(month, day, year) (Gendidate)	FPPC Form 501 (August FPPC Advice: advice@fppc.ca.gov (866/27