

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF AGOURA HILLS	For Official Use Only
2022 AUG -8 PM 2:41	
CITY CLERK'S OFFICE	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BRAMANTE, DAVID	DAYTIME TELEPHONE NUMBER (310) 906-5459	FAX NUMBER (optional) (310) 564-1826	EMAIL (optional) DavidBramante@gmail.com
STREET ADDRESS 3952 Patrick Henry Place, Agoura Hills	CITY Agoura Hills	STATE CA	ZIP CODE 91301
OFFICE SOUGHT (POSITION TITLE) Member of the City Council	AGENCY NAME Agoura Hills	DISTRICT NUMBER, if applicable 110	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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, ____/____/____ 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 _____ true and correct.

Executed on 8/8/22 Signature _____
(month, day, year)