

Candidate Intention Statement

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

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

CITY CLERK'S OFFICE

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 [REDACTED] CITY Agoura Hills STATE CA ZIP CODE 91301

OFFICE TITLE Member of the City Council DISTRICT NUMBER, if applicable, 110 NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 [REDACTED] true and correct.

Executed on 8/8/22 Signature [REDACTED]

(month, day, year) (Candidate)