

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER BRAMANTE FOR CITY COUNCIL 2022		Date of This Filing 10/7/22	Date Stamp 2022 OCT 10 PM 12:48	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 906-5459	I.D. NUMBER (if applicable)	Report No. 3	CITY OF AGOURA HILLS	
STREET ADDRESS 3952 PATRICK HENRY PL, CA		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY CLERK'S OFFICE	
CITY AGOURA HILLS	STATE CA	ZIP CODE 91301	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/6/22	David Bramante 3952 Patrick Henry Pl. Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Levine Realtors	\$2,000- <input checked="" type="checkbox"/> Check if Loan 5.0 % <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % <small>Provide interest rate</small>

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

