£		A = 20	OVA Hills			1
Statement of C Recipient Com		17900	04.4	RECEIVED AND FI	A CHARLES BELLEVILLE AND ADDRESS OF THE PARTY OF THE PART	ORNIA 410
Statement Type	☐ Initial	Amendment	Termination - See Part 5	- " THE OTHER OF THE SECRETARY A	f State US	For Official Use Only
A	☐ Not yet qualified				(00 PM 2: 05
	or Date qualification threshold met	Date qualification threshold met	Date of termination	MAR 10 2023	2023	MAR 28 PM 2: 05
		Date qualification threshold met			CA	MPAIGN FINANCE
		//	01 / 31 / 2023			
1. Committee	e Information I.D. Numbe	r 1454173	2. Treasurer and	Other Principal Officer	s	
NAME OF COMMITTEE			NAME OF TREASURER		And the Control of the Control	
Bramante for 0	City Council 2022		Kayla Bramante			
			STREET ADDRESS (NO P.O. BOX)			
			3952 Patrick Henry	y Place		
STREET ADDRESS (NO P.O.			CITY	STATE	ZIP CODE	AREA CODE/PHONE
3952 Patrick H			Agoura Hills	CA	91301	(310) 357-5810
Agoura Hills		301 (310) 906-54	NAME OF ASSISTANT TREASURER	R, IF ANY		
FULL MAILING ADDRESS (I	F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
e-mail address (require politics@davidb			CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Los Angeles	Agoura Hills	,	David Bramante			
			STREET ADDRESS (NO P.O. BOX)			
Attack and distance		651 67	3952 Patrick Henry	/ Place	710.0005	
Attach additional	l information on appropriately la	beled continuation sheets.	Agoura Hills	CA	21P CODE 91301	AREA CODE/PHONE
3. Verification	i i		, igodia i ilio	OA .	91301	
I have used all rea	asonable diligence in preparing t	hi				
	y under the laws of the State of (d herein is true	and comple	te. I certify under
Executed on Janu	uary 31, 2023					
Jani	uary 31, 2023					al e
Executed on	DATE By					() a () a ()
Executed on	D _v			NT		
	DATE By	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	-	
Executed on	DATE By					
	DAIL	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE OR STATE A	AEACURE DRODONENT		

FPPC Form 410 (August/2018)
FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772)

Statement	of Org	janization
Recipient	Comm	ittee

CALIFOR	NIA		
		11	
FORM		i i	

INSTRUCTIONS ON REVERSE

COMMUTECHANIC				Page 2
Bramante for City Council 2022	1.0. NUMBER 1454173			
All committees must list the financial institution wh	ere the campaign bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
Wells Fargo	(310) 458-7440	56597960)48	
ADDRESS	СІТУ	STATE	ZIP CODE	
900 Montana Ave.	Santa Monica	CA	90403	
4. Type of Committee Complete the applicable	e sections.		1 1	

Controlled Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

	· · · · · · · · · · · · · · · · · · ·	ODE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE					
David Bramante	City Council		2022	Nonpartisan	Partisan	(list political par	ty below)
	J Oily Ool		2022				
				Nonpartisan	Partisan	(list political par	ty below)
						•	
Primarily Formed Committee Primarily formed to support or operations of the Candidate(s) name or measure(s) full title (include ballot no. or letter a recall, state "recall" in front of the officeholder's name.		ific candidates or measures in a single el CANDIDATE(S) OFFICE SOUGHT OR HE (INCLUDE DISTRICT NO., CITY O	ELD OR MEASU	RE(S) JURISDICTI	on	СНЕСК	OVE
					, , , , , , , , , , , , , , , , , , ,	SUPPORT	OPPOSE
	,						
					· · · · · · · · · · · · · · · · · · ·	SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization **Recipient Committee**

Page 3 I.D. NUMBER

INSTRUCTIONS ON REVERSE COMMITTEE NAME Promonto for City C

Bramante for City Council 20	22				ľ	1454173	
4. Type of Committee	(Continued)	30 St. 10 St					i i
General Purpose Committee	Not formed to support or opp ☑ CITY Committee		ates or measures in a Y Committee	single election. Check			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Campaign for the election of I	David Bramante to city counci	I to received dona	ations and use for ca	ampaign expenses			
Sponsored Committee List	additional sponsors on an attach	ment.		7			1
NAME OF SPONSOR		INDUS	TRY GROUP OR AFFILIATION OF SI	PONSOR			
STREET ADDRESS NO. AND STRE	ET	СІТУ		STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor Committee	П , ,						

Date qualified

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met: • This committee has ceased to receive contributions and make expenditures;

- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and

5. Termination Requirements

- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.