Statement of Organization Recipient Committee				Date Stamp	CALIFORNIA 410
Statement Type	☐ Initial	Amendment	☐ Termination – See Part 5	Y GF AGOURA HILLS	For Official Use Only
	☐ Not yet qualified	(Marie 2)	20	23 MAR - E D.	
	or Date qualification threshold met	Date qualification threshold met	Date of termination	6 PA 4: 31	
			01 / 31 / 2023	23 MAR -6 PM 4: 31 Y CLERK'S OFFICE	
1. Committee		er 1454173		Other Principal Officers	
NAME OF COMMITTEE	(if applicable)	недоваться об при технорогия и портоворя Абертарамы «мара постятногор» і да де замінір отприва на Монтрово держа на Пенеча за почет	NAME OF TREASURER	Company of the second s	Control of the Contro
Bramante for	City Council 2022		Kayla Bramante		
			STREET ADDRESS (NO P.O. BOX)	and the second s	referringered & recompressed, 4% to troving subsects to the originar for all manufally suppressives species to News Andrews Species and production of the Conference of the Co
			3952 Patrick Henry	/ Place	
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3952 Patrick H			Agoura Hills	CA	91301 (310) 357-5810
CITY		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	, IF ANY	
Agoura Hills		1301 (310) 906-54			
full mailing address (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIE		ырырынын тайжи саторга жолдон өөгөйнө төмөөтөөтөө, алага болгоный дөлөй <mark>нөөтө</mark> өрөү айсан Маскетанган колон жолдон	CITY	stransist krisisian kasilominen osa kinni kinkisian pamaan madilikini onem tirikin kenyi sinkisian kinnistan oleh Aland STATE	ZIP CODE AREA CODE/PHONE
politics@davidl				aya ayaday kalaya ka ayayaay ka dadahaa ayaa ka k	A Martines (April anno mediatem), martine diametrican interpressa not proportional principal anno del Martines del Martine
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Los Angeles	Agoura Hills	BETTE To produce the section of the EPP of the EPP of the EPP of the Section of the Section of the EPP of the	David Bramante street Address (NO RO, BOX)		pulpumanto i la ego attanto de profesio contrata a contrata de consporço con construir de de contrata
			3952 Patrick Henry	/ Place	
			CITY	STATE	ZIP CODE AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.			Agoura Hills	CA	91301 (
3. Verificatio	n				
	easonable diligence in preparing	thic	he informa	tion contained herein is true a	and complete I certify under
	ry under the laws of the State of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dott contained her circle diese	The completed to start and
Executed on Jar	nuary 31, 2023			Olde department of the second theory of the second	
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Funnished as			DUATE, OR STATE	MEASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT	spulge yearly amazoni disemblique.
Executed on	DATF	g alle kapp cours au stratistic (45 con composition) glasse messaren en yezh egystennet e strat en 94 com en 9	TOULING DESIGNATION OF STATE	артиритетальную, робутотирий, тигай мынай обработной помына основную открытителя системательных дена основате, негра	In-legendatifi-k-loga ti-k-k-loga k-loga k-l
	UAIC	SIGNATURE OF CONT	ERCLLING DESICEMOLISER CANDIDATE OR STATE	MEANIRE PROPUNENT	

Statement of Organization Recipient Committee

CALIFORNIA 410

Recipient Committee	FURIN						
INSTRUCTIONS ON REVERSE	Page 2						
COMMITTEE NAME Bramante for City Council 2022		A directly discovered appearance of the control of		i.c. number 1454173			
All committees must list the financial institution where the campaign bank account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER					
Wells Fargo	(310) 458-7440	5659796048					
ADDRESS	CITY	STATE	ZIP CODE				
900 Montana Ave.	Santa Monica	CA	90403				
4. Type of Committee Complete the applicable sections.				HA OF JAMES HAVE IN THE SECOND STATES AND AND ADDRESS OF THE SECOND SECO			

Controlled Committee

- 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(NCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK	•		
David Bramante		y Council 2022 Nonpartisan		Partisan	(list political party below)		
CONTRIBUTION OF THE PROPERTY O	adjunction opposition on the section of the section			Nonpartisan	Partisan	(list political pari	ty below)
Primarily Formed Committee Primarily formed to support or or	pose spec	ific candidates or measures in a single e					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)				CHECK	ONE	
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	end distributed in Secure designation of the con-					SUPPORT	OPPOSE

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Recipient Committee		FORM TIP		
INSTRUCTIONS ON REVERSE		Page 3		
COMMITTEE NAME Bramante for City Council 2022	and the second of the second o	I.C. NUMBER 1454173		
4. Type of Committee (Continued)		and the control of th		
	cific candidates or measures in a single election. Check only one box: COUNTY Committee STATE Committee			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Campaign for the election of David Bramante to city council to rec	eived donations and use for campaign expenses			
Sponsored Committee List additional sponsors on an attachment.				
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND STREET CO	ITY STATE ZIP CODE	AREA CODE/PHONE		
Small Contributor Committee , , ,		udoruju nonu pisat sisukka a Korpovoju ndi alabit in Mase gali Perer i mosan Harmotti kilip Hillian moti u andusej		
Date qualified				
5. Termination Requirements By signing the verification, the treat	surer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of th	e 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
- 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.