

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF AGOURA HILLS	For Official Use Only
2024 JUL 24 AM 11:12	
CITY CLERK'S OFFICE	

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Bramante, David Levine DAYTIME TELEPHONE NUMBER (310) 906-5459 FAX NUMBER (optional) () EMAIL (optional) davidbramante@gmail.com

STREET ADDRESS City Council CITY Agoura Hills STATE CA ZIP CODE 91301

OFFICE SOUGHT (POSITION TITLE) Agoura Hills, CA AGENCY NAME City of Agoura Hills DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

2024 (Year of Election)

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 California that the foregoing is true and correct.

Executed on 7/24/24 Signature [Signature]
(month, day, year) (Candidate)