

Candidate Intention Statement

RECEIVED Date Stamp JUL 20 2022 CALIFORNIA FORM 501 For Official Use Only CITY OF CALABASAS CITY CLERKS OFFICE

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) SHAPIRO DAVID J DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS 22231 Mulholland Hy. # 2076 CALABASAS CA 91302 OFFICE SOUGHT (POSITION TITLE) CALABASAS city council AGENCY NAME city of calabassas DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [ ] State (Complete Part 2.) [X] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) [X] 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 California that the foregoing is true and correct.

Executed on July 20, 2022 (month, day, year) Signature