

Candidate Intention Statement

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CITY CLERK  
CITY OF EMERYVILLE

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Mourra, David, A

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

david4emeryville@gmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE POSITION (Common Title)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

CITY COUNCIL MEMBER CITY OF EMERYVILLE

PARTY PREFERENCE: DEM

OFFICE JURISDICTION

State (Complete Part 2.)

(Check one box, if applicable.)

City  County  Multi-County:

PRIMARY / GENERAL

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

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

9/21/2022  
(month, day, year)

Signature

(Candidate)