Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: 🗷 Initial 🗌 Amendment (Explain)	ZOIT AUG - L A I	For Official Use Only 0: 51
1. Candidate Information:		DAMA B	OINT
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	AX NUMBER TOPHONE	(optional)
William Brough STREET ADDRESS)	
The state of the s	CITY	STATE ZIP COI	DE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable	NON-PARTISAN
City Council Member City of Dan	a Point		PARTY.
OFFICE JURISDICTION State (Complete Part 2)			
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	2014 (Year of Election)	
(CalPERS candidates, judges, judicial candidates, and candidates for local office	es are not required to complete Part 2.) Special/runoff election		
(Check one box) [] I accept the voluntary expenditure ceiling for the election	on stated above.		
 I do not accept the voluntary expenditure ceiling for the Amendment; I did not exceed the expenditure ceiling in the prim general or special run-off election. 		and I accept the voluntary	y expenditure ceiling for the
general of special full-on election.		•	
(Mark if applicable)			
On	xcess of the expenditure ceiling for the el	ection stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the State Executed on	te of California that the foregoing is true a	and correct	

FPPC Form 501 (January/05) FPPC Tolf-Free Helpline: 866/ASK-FPPC (866/275-3772)