

Candidate Intention Statement

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CALIFORNIA FORM 501

For Official Use Only

JUN 03 2024

CITY OF LOS ALTOS

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BASHIR, IBRAHIM
DAYTIME TELEPHONE NUMBER (847) 691-1940
FAX NUMBER (optional)
EMAIL (optional) IBRAHIM.BASHIR@GMAIL.COM
STREET ADDRESS 571 GABILAN STREET
CITY LOS ALTOS
STATE CA
ZIP CODE 94022
OFFICE SOUGHT (POSITION TITLE) LOS ALTOS CITY COUNCIL
AGENCY NAME
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
2024 (Year of Election)
[] PRIMARY / GENERAL
[] 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)

[X] 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 04 19 2024 (month, day, year)

Signature (Candidate)