STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LABOUVE DANIEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF MONTE SERENO

Division, Board, Department, District, if applicable

Your Position
CITY COUNCIL MEMBER

➤ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: ________________________________ Position: ________________________________

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County ________________________________

☐ City of MONTE SERENO

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of ________________________________

☐ Other ________________________________

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

- or -

☐ Leaving Office: Date Left: __________ / __________ / __________

☐ The period covered is January 1, 2019, through the date of leaving office.

- or -

☐ Assuming Office: Date assumed: __________ / __________ / __________

☐ The period covered is __________ / __________ / __________, through the date of leaving office.

☑ Candidate: Date of Election: 11/3/2020 and office sought, if different than Part 1: ________________________________

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

- or - ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(208) 354-7635

18041 SARATOGA LOS GATOS ROAD, MONTE SERENO, CA 95030

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 8/10/2020 (month, day, year) Signature: ________________________________

(Filer or original paper statement with your filing official)
Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)
11/3/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 2020

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   Daniel LaBouve
   STREET ADDRESS
   XXXXXX
   CITY
   Monte Sereno
   STATE
   CA
   ZIP CODE
   95030
   AREA CODE/CITY/TIME PHONE NUMBER
   OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   Member, City Council
   JURISDICTION (LOCATION)
   City of Monte Sereno
   DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information
   List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

   COMMITTEE NAME AND I.D. NUMBER
   COMMITTEE ADDRESS
   NAME OF TREASURER

5. Verification
   I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 11/5/2020
   By Daniel LaBouve

FPFC Form 470/470 Supplement (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (888/275-3772)
www.fppc.ca.gov
Candidate Intention Statement

Check One: Initial ☑️ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DANIEL LABONNE

DAYTIME TELEPHONE NUMBER ____________________________

FAX NUMBER (optional) ____________________________

EMAIL (optional) ____________________________

STREET ADDRESS _______________________________________

CITY _______________________________________

STATE CA

ZIP CODE 95030

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER

AGENCY NAME CITY OF MONTE SERENO

DISTRICT NUMBER, if applicable, NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020 (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.)

☐ 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.

☐ 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 8/6/2020 (Month, day, year) Signature D. LABONNE (Candidate)