

**Officeholder and Candidate
Campaign Statement –
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <hr/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/>	<p>Date Stamp</p> <p style="text-align: center;">CITY OF AGOURA HILLS</p> <p style="text-align: center;">2021 JUL 23 AM 11:01</p> <p style="text-align: center;">CITY CLERK'S OFFICE</p>	<p>CALIFORNIA FORM 470</p> <p style="font-size: small; text-align: center;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Deborah Klein Lopez

STREET ADDRESS
30001 Ladyface Court

CITY Agoura Hills STATE CA ZIP CODE 91301

AREA CODE/DAYTIME PHONE NUMBER 818-597-7373

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
City Council Member

JURISDICTION (LOCATION) Agoura Hills

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

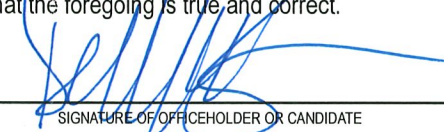
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 7/21/21 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE