

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

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
CITY OF AGOURA HILLS	For Official Use Only
2021 AUG -2 PM 1:10	
CITY CLERK'S OFFICE	

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

City Councilman Chris Anstead

STREET ADDRESS

30001 Ladyface Court

CITY

Agoura Hills

STATE

CA

ZIP CODE

91301-2583

AREA CODE/DAYTIME PHONE NUMBER

818-597-7375

OPTIONAL: FAX / E-MAIL ADDRESS

canstead@agourahillscity.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

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 July 30, 2021 _____
DATE

By [Redacted Signature] _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE