Candidate Intention Statement	FORM 501
Check One: ☐ Initial ☐ Amendment (Explain	) OITY OF AGOURA HILLS For Official Use Only
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. Candidate Information:	CITY CLERK'S OFFICE
AME OF CANDIDATE (Last, First Middle Initial)  Anster Christ, Christ, L  REET ADDRESS	DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)  ( 818 ) 3 09 - 78 00
6300 Longholl Ct.	Agovne Hills CA 91301
Member of the City Council	Agovr Hilb. DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE:
FICÉ JURISDICTION	(Check one box, if applicable.)
State (Complete Part 2.)  City County Multi-County:	(Name of Multi-County Jurisdiction)    April
. State Candidate Expenditure Limit Statement CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates (Check one box)	
CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates  (Check one box)  I accept the voluntary expenditure ceiling for the expenditure ceiling for t	es for local offices do not complete Part 2.) election stated above.
CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates  (Check one box)  I accept the voluntary expenditure ceiling for the elements of the column of	es for local offices do not complete Part 2.) election stated above.
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