

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF AGOURA HILLS	For Official Use Only
2022 JUL 18 PM 12:32	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

CITY CLERK'S OFFICE

NAME OF CANDIDATE (Last, First Middle Initial) Ansford, Chris, L DAYTIME TELEPHONE NUMBER (818) 309-7800 FAX NUMBER (optional) () EMAIL (optional) _____

STREET ADDRESS _____ CITY Agoura Hills STATE CA ZIP CODE 91301

OFFICE SOURCE (If different from above) _____ AGENCY NAME Member of the City Council Agoura Hills 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)

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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)

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 information provided is true and correct.

Executed on 07-18-22
(month, day, year)

Signature _____
(Candidate)