

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF AGOURA HILLS	For Official Use Only
2022 MAR -9 PM 3: 31	

Check One: Initial Amendment (Explain) _____

CITY CLERK'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Lopez, Deborah K.	(818) 584-1910	()	deborahklopez@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Agoura Hills	CA	91301
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Member of City Council	Agoura Hills		PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)	City of Agoura Hills	2022	<input type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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.)

(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 3/9/22
(month, day, year)

Signature [REDACTED]