Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One:	CITY OF AGOURA HILLS For Official Use Only
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1. Candidate Information:	CITY CLERK'S OFFICE
	X NUMBER (optional) EMAIL (optional)
Intiso Frank J (8/8) 599-9870	N NOMBER (optional)
AEOURA HUS CALIF	STATE ZIP CODE
MEMBER of the City Course	TRICT NUMBER, if applicable. PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)
State (Complete Part 2.)	2022 PRIMARY/GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
(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:	LAR grander of the polytopic and property of the control of the co
O I did not exceed the expenditure ceiling in the primary or special election held on _ ceiling for the general or special run-off election.	
to File:	
(Mark if applicable)	gen general auto versite fibri er et etaken, up in le betaren. General general er en period er en
On,I contributed personal funds in excess of the expenditure ceiling for	the election stated above.
3. Verification:	augus aug
I certify under penalty of perjury under the laws of the State of California that the foregoing is	s true and correct
. co.m., and a porjary area and and or the state of samornia that the long gring is	L CONTROL
Executed on Signature	
(month, day, year) (Candidate)	EDDC Form EO1 /August/2