

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

CITY OF AGOURA HILLS

2022 JUL 27 AM 10:33

CITY CLERK'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Cindy A. Warson

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Agoura Hills 91301

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

CITY COUNCIL

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

PRIMARY / GENERAL

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2022  
(Year of Election)

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 runoff 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

7/27/22  
(month, day, year)

Signature

[Redacted Signature]