

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF AGOURA HILLS 2022 JUL 29 AM 10: 03 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only 2022 JUL 29 AM 10:03
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Linda L. Northrup

STREET ADDRESS
30001 Ladyface Court

CITY STATE ZIP CODE
Agoura Hills, CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(818) 597-7374 lnorthrup@agourahillscity.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Member of the City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Agoura Hills

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law that the information provided is true and correct.

Executed on 7/29/2022 _____
DATE



DATE