Candidate Intention Statement	Date Stamp CALIFORNIA FORM 501
Check One: Amendment (Explain)	OTY OF AGOURA HILLS For Official Use Only  2022 AUG - I AM IO: 35
1. Candidate Information:	CHY CLERK'S OFFICE
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
GERSTEL JAN P. (818) 335-252	O ( ) JANGERSTEL @ GMAL COM
CITY	STATE ZIP CODE
Agoura Hills	CA 91301
AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
DUT A MEMBER OF CITY COUNCIL	PARTY PREFERENCE:
FFICE JURISDICTION	(Check one box, if applicable.)
State (Complete Part 2.)  AGOURA HUIS	PRIMARY/GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
<ul> <li>☐ I accept the voluntary expenditure ceiling for the election stated above.</li> <li>☐ I do not accept the voluntary expenditure ceiling for the election stated above.</li> <li>Amendment:</li> <li>☐ I did not exceed the expenditure ceiling in the primary or special election he ceiling for the general or special run-off election.</li> </ul>	ld onI and I accept the voluntary expenditure
to file.	Control of the contro
(Mark if applicable)	a rue ( cracination trad autoba Ann. properties of receipt - in Craft por imagine imagine in the common tra-
On,I contributed personal funds in excess of the expenditure c	eiling for the election stated above.
S. Verification:	Management of the contraction of the second
certify under penalty of perjury under the laws of the S	og is true and correct
I certify under penalty of perjury under the laws of the S	g is true and correct.
I certify under penalty of perjury under the laws of the S  Executed on Signature	ig is true and correct.