

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM
460

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For Official Use Only

Date Stamp

CITY OF AGOURA HILLS

2022 OCT 13 PM 4: 37

CITY CLERK'S OFFICE

Date of election if applicable
(Month, Day, Year)

November 8, 2022

Statement covers period

from September 25, 2022

through October 8, 2022

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Chris Anstead

NAME OF TREASURER

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

6300 Langhall Ct

CITY

STATE ZIP CODE

CA 91301

AREA CODE/PHONE

8183097800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/13/22 Date

Executed on 10/13/22 Date

Executed on _____ Date

Executed on _____ Date

By  Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Chris Anstead

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member of City Council Agoura Hills, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
6300 Langhall Ct Agoura Hills CA 91301

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from September 25, 2022 through October 8, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Anstead

I.D. NUMBER

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 \$ 0 | \$ 0 |
| 2. Loans Received..... | Schedule B, Line 3 0 | 400 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 0 | \$ 0 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 \$ 0

21. Expenditures Made \$ 0 \$ 400

Expenditures Made

| | | |
|---|---------------------------|--------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 0 | \$ 0 |
| 7. Loans Made..... | Schedule H, Line 3 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 0 | \$ 0 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 0 | 0 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 \$ 0 | \$ 400 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) / / Total to Date

/ / \$

/ / \$

Current Cash Statement

| | |
|--|--|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 \$ 0 |
| 13. Cash Receipts..... | Column A, Line 3 above 0 |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 0 |
| 15. Cash Payments..... | Column A, Line 8 above 0 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0 |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ 0

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ 0