

**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 2023 JUL 13 AM 7:22 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
---	---	--	---

1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Illece Buckley Weber

STREET ADDRESS
30001 Ladyface Court

CITY STATE ZIP CODE
Agoura Hills CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818 312-6472

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of 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
N/A		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$500 in contributions during the calendar year covered by this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on July 10, 2023 DATE

By _____