

Officeholder and Candidate
Campaign Statement –
Short Form

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

Amendment (Explain Below)

Date Stamp

CITY OF AGOURA HILLS

2023 JUL 27 PM 2: 28

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
Deborah Klein Lopez

STREET ADDRESS
30001 Ladyface Ct.

CITY STATE ZIP CODE
Agoura Hills, CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-584-1910

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 \$2,000 and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California

Executed on July 23, 2023
DATE

By _____