Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: Initial Amendment (Explain)		Tátriko Tácobanni	For Official Use Only
		2024 APR 24 AM 7: 27	
1. Candidate Information:		will be a follow	i az cu
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Artin Sodaify		()	
STREET ADDRESS	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	Agoura Hills	CA DISTRICT NUMBER, if applicable.	91301 NON-PARTISAN OFFICE
City Council Member Agoura Hills		DIOTRIOT NOMBER, il applicable.	<u>-</u>
OFFICE JURISDICTION			PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.)		2024	PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	2024 (Year of Elect	— GRECIAL (BUNGEE
(Check one box) I accept the voluntary expenditure ceiling for the election			
☐ I do not accept the voluntary expenditure ceiling for the	e election stated above.		
Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the general or special run-off election.			
(Mark if applicable)			
On I contributed personal funds in e	xcess of the expenditure ceiling f	or the election stated abo	ve.
3. Verification:	011		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Executed on Apri 12, 2024 Signature	(Candidate)		

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov