

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	06 / 24 / 2021

Date Stamp	CALIFORNIA FORM 410
CITY OF AGOURA HILLS	For Official Use Only
2021 JUL -8 PM 1:41	
CITY CLERK'S OFFICE	

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1430282 ⁴⁵ <small>(if applicable)</small>				NAME OF TREASURER HOLLY SEPIAN			
NAME OF COMMITTEE CITIZENS TO RE-ELECT LINDA NORTHRUP FOR CITY COUNCIL 2020				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE NEWBURY PARK CA 91320 [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE AGOURA HILLS CA 91301				NAME OF ASSISTANT TREASURER, IF ANY DAVID SCHLUETER			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE AGOURA HILLS CA 91301 [REDACTED]			
COUNTY OF DOMICILE ⁴⁵ LOS ANGELES		JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF AGOURA HILLS		NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.							

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	<u>7/8/21</u>	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	<u>7/8/2021</u>	By	[REDACTED]	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME CITIZENS TO RE-ELECT LINDA NORTHRUP FOR CITY COUNCIL 2020	I.D. NUMBER 1430282
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK N.A.	AREA CODE/PHONE 818-865-0809	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 5823 KANAN ROAD	CITY AGOURA HILLS	STATE ZIP CODE CA 91301

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
LINDA NORTHRUP	CITY COUNCIL	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

CITIZENS TO RE-ELECT LINDA NORTHRUP FOR CITY COUNCIL 2020

I.D. NUMBER

1430282

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.