			٠,		Agolura Hills						
Statement of C Recipient Com Statement Type	_		<u> </u>			Date Stam ECEIVED A the office of the Se of the State of		CALIF FO	ORNIA RM	41	10
otatomont typo	O Not yet qualifie	d	☐ Amendment	PAT.	Termination – See Part 5'	of the State of	California	ANGELE	S COUN	TY	
	or		Date qualification threshold m	et	Date of termination	DEC 13			PM 3:5		
	/	/			06 / 24 / 2021		CAM	TPAIGN F	MANC	E	
1. Committee NAME OF COMMITTEE CITIZENS TO R		I.D. Numb (if applicable) A NORTHRUE	er 143028 FOR CITY COUNCIL 202	0	2. Treasurer and NAME OF TREASURER HOLLY SEPIAN STREET ADDRESS (NO PO. BOX)	Other Principa	l Officers				
STREET ADDRESS (NO PO	ROY				NEWBURY PARK		STATE CA	ZIP CODE 91320			
CITY AGOURA HILL	2		CODE AREA CODE/PHON	E	NAME OF ASSISTANT TREASURED						
FULL MAILING ADDRESS (I		CA 01	301		DAVID SCHLUETE STREET ADDRESS (NO P.O. BOX)					,	
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)				AGOURA HILLS		STATE CA	21P CODE 91301			
COUNTY OF DOMICILE		ITY OF AGOU			NAME OF PRINCIPAL OFFICER(S)						
					STREET ADDRESS (NO P.O. BOX)				3		
Attach additiona	l information on o	appropriately l	abeled continuation sheets.		СІТУ		STATE	ZIP CODE	ARE	A CODE/PH	HONE
3. Verification									7	22	
I have used all repenalty of perjure Executed on Executed on	easonable diligence ry under the laws 821 DATE	e in preparing of the S By By	this statement and to the k	est o	f my knowledge the information and correct. OF TREASURER OR ASSISTANT TREASU	URER	rein is true	and compl	ete. ISERK'S OFFICE	w II PM 2:	F AGOURA HILL
Executed on	DATE	Ву	SIGNATURE OF C	DNTKOLL	FFICEHOLDER, CANDIDATE, OR STATE				FICE	19	HLLS

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME CITIZENS TO RE-ELECT LINDA NORTHRUP FOR CITY COUNCIL 2020

CA	LIFORN	IA	11	1
	FORM			U

Page 3 I.D. NUMBER 1430282

4. Type of Committee	(Continued)				4	
General Purpose Committee	Not formed to support or oppose specifi CITY Committee	c candidates or measures in a sir COUNTY Committee	ngle election. Check			
ROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List	additional sponsors on an attachment.					
AME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPON	NSOR			
TREET ADDRESS NO. AND STRE	CITY CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor Committee	□/					

- By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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;

Date qualified

- 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

5. Termination Requirements

- 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.