

**Statement of Organization
Recipient Committee**

Date Stamp
CITY OF AGOURA HILLS
2022 JUN -2 PM 3:46
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
Date qualification threshold met 5/31/22

Termination - See Part 5
Date of termination _____

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <u>Committee to Reelect Deborah Klein Lopez for City Council 2022</u>		<u>1446788</u> <small>(if applicable)</small>		NAME OF TREASURER <u>Miriam Zacuto</u>	
STREET ADDRESS (NO P.O. BOX) <u>5737 Kanan Rd #516</u>		CITY <u>Agoura Hills</u>		STATE <u>CA</u>	
CITY <u>Agoura Hills</u>		STATE <u>CA</u>		ZIP CODE <u>91301</u>	
FULL MAILING ADDRESS (IF DIFFERENT)		AREA CODE/PHONE <u>(818) 584-1910</u>		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>debbie@debbieforagourahills.com</u>		STREET ADDRESS (NO P.O. BOX) <u>5737 Kanan Rd #516</u>		CITY <u>Agoura Hills</u>	
COUNTY OF DOMICILE <u>Los Angeles</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Agoura Hills</u>		STATE <u>CA</u>	
Attach additional information on appropriately labeled continuation sheets.		ZIP CODE <u>91301</u>		AREA CODE/PHONE <u>(818) 584-1910</u>	
		NAME OF PRINCIPAL OFFICER(S) <u>Deborah Klein Lopez</u>		CITY <u>Agoura Hills</u>	

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 6/1/22 By _____

Executed on 6/1/22 By _____

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Committee to Reelect Deborah Klein Lopez for City Council 2022</i>	I.D. NUMBER <i>1446788</i>
---	-------------------------------

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Union Bank</i>	AREA CODE/PHONE <i>818-706-4848</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>29015 Thousand Oaks Blvd</i>	CITY <i>Agoura Hills</i>	STATE ZIP CODE <i>CA 91301</i>

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		
<i>Deborah Klein Lopez</i>	<i>Agoura Hills City Council</i>	<i>2022</i>	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	
<i>Deborah Klein Lopez</i>	<i>Agoura Hills City Council</i>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
committee to Reelect Deborah Klein Lopez for city Council 2022

I.D. NUMBER
1446788

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, 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;
- 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.