

**Statement of Organization
Recipient Committee**

R 19 1455662

Agoura Hills

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CALIFORNIA FORM 410
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LOS ANGELES COUNTY
2022 NOV 16 PM 3:31
R/D
CAMPAIGN FINANCE

OCT 17 2022

Statement Type

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

1. Committee Information				I.D. Number <small>(If applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to Reelect Chris Anstead for City Council 2022				NAME OF TREASURER Chris Anstead				STREET ADDRESS (NO P.O. BOX) 6300 Langhall Ct			
STREET ADDRESS (NO P.O. BOX) 6300 Langhall Ct				CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 8183097800	NAME OF ASSISTANT TREASURER, IF ANY			
CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 8183097800	STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) anstead4agourahills@gmail.com				CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE LA County		JURISDICTION WHERE COMMITTEE IS ACTIVE Agoura Hills		STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.								CITY STATE ZIP CODE AREA CODE/PHONE			

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>10/09/22</u>	By	
	<small>DATE</small>		<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	<u>10/09/22</u>	By	
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

CITY CLERK'S OFFICE
2022 NOV 16 PM 2:53
AGOURA HILLS

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Committee to Reelect Chris Anstead for City Council 2022	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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		(list political party below)
Chris Anstead	Agoura Hills City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	
			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