

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met _____/_____/_____
 Amendment
 Date qualification threshold met _____/_____/_____
 Termination – See Part 5
 Date of termination 12 / 31 / 2022

Date Stamp
CITY OF AGOURA HILLS
 2023 JAN 12 AM 7:10
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
 For Official Use Only

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

Executed on 12-31-2022 By [REDACTED] TREASURER
 Executed on 12-31-2022 By [REDACTED] [REDACTED]
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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| | |
|--|------------------------|
| COMMITTEE NAME Committee to Reelect Deborah Klein Lopez for City Council 2022 | I.D. NUMBER 1446788 |
|--|------------------------|

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

| | | |
|---|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION Union Bank | AREA CODE/PHONE 818-706-4848. | BANK ACCOUNT NUMBER [REDACTED] |
|---|----------------------------------|-----------------------------------|

| | | | |
|---|------|-------|----------|
| ADDRESS 29105 Thousand Oaks Blvd., Agoura Hills CA 91301 | 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 | | |
|--|---|------------------|--|----------|------------------------------|
| Deborah Klein Lopez | Agoura Hills City Council | 2022 | 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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I.D. NUMBER

1446788

COMMITTEE NAME

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.