

**Statement of Organization
Recipient Committee**

Statement Type

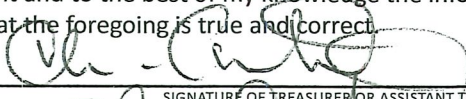

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	_____ / _____ / _____	3 / 7 / 23

Date Stamp	CALIFORNIA FORM 410
CITY OF AGOURA HILLS 2023 MAR -8 PM 12:40 CITY CLERK'S OFFICE	For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1455662 <small>(if applicable)</small>				NAME OF TREASURER Chris Anstead			
NAME OF COMMITTEE Committee to Reelect Chris instead for City Council 2022				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
CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 8183097800	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) cantead@aol.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Agoura Hills, CA			NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				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	3/07/23	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	3/07/23	By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT