

**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	<b>CALIFORNIA FORM 410</b>
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) [REDACTED]			
[REDACTED]				CITY Agoura Hills		STATE ZIP CODE AREA CODE/PHONE CA 91301 8183097800	
CITY Agoura Hills		STATE CA		ZIP CODE 91301		AREA CODE/PHONE 8183097800	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) cantead@aol.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Agoura Hills, CA		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY		STATE	

**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

Executed on	3/07/23	By	[REDACTED]	TREASURER
Executed on	3/07/23	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT