

**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
 1 / 13 / 2023

Date Stamp
 CITY OF AGOURA HILLS
 2023 JAN 13 AM 9:51
 CITY CLERK'S OFFICE

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information				I.D. Number (If applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Citizens to Elect Jeremy Wolf for City Council 2022				NAME OF TREASURER Morgan Roth							
STREET ADDRESS (NO P.O. BOX) 28856 Conejo View Rd.				CITY Agoura Hills		STATE CA		ZIP CODE 91301		AREA CODE/PHONE 818-809-7050	
CITY Agoura Hills		STATE CA		ZIP CODE 91301		AREA CODE/PHONE 818-394-0057		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jeremyforagourahills@gmail.com				CITY		STATE		ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Agoura Hills		NAME OF PRINCIPAL OFFICER(S)							
Attach additional information on appropriately labeled continuation sheets.				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 information provided is true and correct.

Executed on 1/12/23 By [Redacted] _____
DATE

Executed on 1/12/23 By [Redacted] _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE