

**Statement of Organization  
Recipient Committee**

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
____/____/____	____/____/____	____/____/____

Date Stamp	<b>CALIFORNIA FORM 410</b>
CITY OF AGOURA HILLS 2024 MAR 29 PM 12:31 CITY CLERK'S OFFICE	For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Kate Anderson for Agoura Hills City Council 2024</b>				NAME OF TREASURER <b>Peter Huffaker</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
				[REDACTED]	<b>Agoura Hills</b>	<b>CA</b>	<b>91301</b>
CITY		STATE	ZIP CODE	EMAIL ADDRESS OF TREASURER (REQUIRED)			
<b>Agoura Hills</b>	<b>CA</b>	<b>91301</b>	[REDACTED]	[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				CITY			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			STATE			
<b>Los Angeles</b>	<b>City of Agoura Hills</b>			ZIP CODE			
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
				AREA CODE/PHONE			
				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				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 3/20/2024 By Peter Huffaker  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Digitally signed by Peter Huffaker  
DN: cn=Peter Huffaker, o=CDR Analytics, ou, email=peter@cdr-analytics.com, c=US  
Date: 2024.03.20 16:29:35 -0700

Executed on 3/20/2024 By Kathryn Anderson  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Digitally signed by Kathryn Anderson  
DN: cn=Kathryn Anderson, o, ou, email=msghoornkat@gmail.com, c=US  
Date: 2024.03.20 18:43:31 -0700

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Kate Anderson for Agoura Hills City Council 2024</b>	I.D. NUMBER
---	-------------

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	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		
<b>Kate Anderson</b>	<b>Agoura Hills City Council</b>	<b>2024</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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