

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination _____/_____/_____
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Date Stamp CITY OF AGOURA HILLS 2024 APR 12 PM 2: 35 CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 410</b>
For Official Use Only	

1. Committee Information	2. Treasurer and Other Principal Officers
<b>I.D. Number</b> <i>(if applicable)</i> NAME OF COMMITTEE <b>Committee to Elect Penny Sylvester for City Council 2024</b> STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE <b>Agoura Hills CA 91301 [REDACTED]</b> FULL MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED] COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Los Angeles City of Agoura Hills</b>	NAME OF TREASURER <b>Kimberly Seegan</b> STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Oak Park CA 91377 EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED] NAME OF ASSISTANT TREASURER, IF ANY STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE NAME OF PRINCIPAL OFFICER(S) <b>Penny Sylvester</b> STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE <b>29045 Old Carriage Ct Agoura Hills CA 91301</b> EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE <b>pennyshawsylvester@gmail.com</b> [REDACTED]
Attach additional information on appropriately labeled continuation sheets.	

**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	<u>4/4/2024</u>	By	<u>Kimberly Seegan</u>	<small>Digitally signed by Kimberly Seegan Date: 2024.04.04 00:11:05 -07'00'</small>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	<u>4/4/2024</u>	By	<u>Penelope Sylvester</u>	<small>Digitally signed by Penelope Sylvester Date: 2024.04.04 00:10:52 -07'00'</small>
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Penny Sylvester for City Council 2024	I.D. NUMBER
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**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		
Penny Sylvester	Agoura Hills City Council	2024	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>