

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
 2024 APR 24 AM 7:27

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE ARTIN SODAIFY FOR CITY COUNCIL AGOURA HILLS 2024				NAME OF TREASURER Artin Sodaify				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Agoura Hills	STATE CA	ZIP CODE 91301
CITY Agoura Hills		STATE CA	ZIP CODE 91301	EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) contact@artinsodaify.com				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Agoura Hills			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE		
Attach additional information on appropriately labeled continuation sheets.				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	April 12, 2024	By	[Signature]
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	Artin 12, 2024	By	[Signature]
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
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Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT