Statement of Organization				Date St	amp	CALU	CALIFORNIA		
Recipient Committee				The Contract rive		CALIFORNIA		410	
Statement Type	☑ Initial	A see a selection of the second	land and	.110	WANTED LINE	FC	DRM 4	10	
,,	Not yet qualified	☐ Amendment	☐ Termination – See Part 5	2024 APR 25	DM 2+ 21		For Official Use Only		
	or			COZMAPN ZO	FIL 3: 24	}			
	O Date qualification threshold met	Date qualification threshold met	Date of termination	2.11.1 0.11.1.1	13 01710:				
	/		AND ADDRESS AND AD						
1. Committee		r	2. Treasurer and	Other Princip	al Officers			5-1-1-2-1	
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER	E-market 1990			April 1985		
ARTIN SODAIF	Y FOR CITY COUNCIL AGOU	RA HILLS 2024							
		WILLIAM WW	Artin Sodaify						
			STREET ADDRESS (NO P.O. BOX)	THE THE STEEL STEEL STEEL SHOWS SHOW HERE SHEEL SHOWS SHOW SHOW SHOWS SHOW AND SHOW SHOWS SHOW SHOWS SHOW SHOWS SHOW SHOW		TOTAL A DESCRIPTION OF PERSONS AND PERSONS	THE SHIP LAND COLUMN CASE OF C		
MANAGEM AND			28142 Driver Ave. #6	370					
STREET ADDRESS (NO P.O.	and the same of th	THE USE OF STREET	CITY	THE RESERVE THE PROPERTY OF TH	STATE	ZIP CODE	AREA CODE/	PHONE	
28142 Driver Av			Agoura Hills		CA	91301	310-409-708	6	
	STATE ZIP CO		NAME OF ASSISTANT TREASURER	, IF ANY	The state of the s	The same of the sa			
Agoura Hills	CA 913	01 310-409-7086							
FULL MAILING ADDRESS (I	F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		And the second s		A Commence of a second second of the property of the second secon	PRINCIPLE STATE OF THE STATE OF	
E-MAIL ADDRESS (REQUIR		THE RESIDENCE OF THE PROPERTY	CITY		STATE	ZIP CODE	AREA CODE/	PHONE	
contact@artinsoc	laify.com								
COUNTY OF DOMICILE	JURISDICTION WHERE COM		NAME OF PRINCIPAL OFFICER(S)		METERSTEIN STREET ALPHANISCH STREET S	CONTRACTOR OF THE STREET, CO. CO.		ACCOUNT OF THE PARTY OF THE PAR	
Los Angeles	City of Agoura H	lls							
		,	STREET ADDRESS (NO P.O. BOX)		THE REPORT OF THE PARTY OF THE		THE PARTY OF THE P	Manager property (Common	
Attach additional	information on appropriately la	peled continuation sheets.	CITY		STATE	ZIP CODE	AREA CODE/	PHONE	
		$\wedge$							
3. Verification	Man 1997 1997 1997 1998 1998 1998 1998 1998	11/1/201-21	AND RESIDENCE TO		1 2 4 3 5 5	28 m to 3		A 1977	
I have used all rea	asonable diligence in preparing t	his statement and to the best	of my knowledge the information	ion contained be	roin is true a	nd comple	to Leastifu un		
penalty of perjur	y under the laws of the State of (	California that the foregoing is	true and correct.	non contained ne	i e ii is ti ue a	na compie	ete. T certify und	iei	
	il 23, 2024		•						
MONIOSALANDA	DATE	A A	NATURE OF TREASURER OR ASSISTANT TREASUR	ER	THE TREETON NAMED WITH THE PROPERTY OF	MANAGEMENT RESIDENCE CONTROL OF THE PARTY OF			
Executed on Apri	Il 23, 2024	11	The second secon						
	DATE	SIGNATURE OF COUTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED IN	Tellis (Place Industrial)			
Executed on	DATE By	CICHARIAN							
Executed on		SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	1EASURE PROPONENT					
LACCULEU UII	DATE	SIGNATURE OF CONTRO	OLLING OFFICEHOLDER CANDIDATE OR STATE	AEACURE PROPONENT	WATER STABLES OF STREET STABLES OF STABLES	Ances no transportation and the second			

## Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME

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				4		
	<b>[30]</b>	NVI.				
				Annual Paragraphic	And March Stock	

			Page 2			
			I.D. NUMBER			
All committees must list the financial institution where the campaign bank account is located.						
AREA CODE/PHONE	BANK ACCOUNT NUMBER					
CITY	STATE	ZIP CODE				
	Marie e e e e e e e e e e e e e e e e e e	71.772				
	AREA CODE/PHONE	AREA CODE/PHONE BANK ACCOUNT NUMBER	ign bank account is located.  AREA CODE/PHONE BANK ACCOUNT NUMBER			

## 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		
Artin Sodaify	City Council Agoura Hills	2024	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(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

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)