

**Statement of Organization
Recipient Committee**

Statement Type

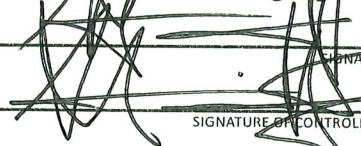
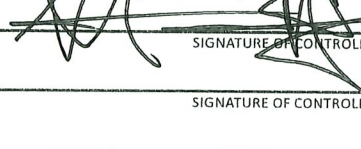
<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination -- See Part 5 Date of termination _____/_____/_____
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Date Stamp	CALIFORNIA FORM 410
2024 APR 25 PM 3:24	
For Official Use Only	

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <small>(if applicable)</small>							
NAME OF COMMITTEE ARTIN SODAIFY FOR CITY COUNCIL AGOURA HILLS 2024				NAME OF TREASURER Artin Sodaify			
STREET ADDRESS (NO P.O. BOX) 28142 Driver Ave. #6				STREET ADDRESS (NO P.O. BOX) 28142 Driver Ave. #6			
CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 310-409-7086	CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 310-409-7086
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) contact@artinsodaify.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Agoura Hills			CITY STATE ZIP CODE AREA CODE/PHONE			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				NAME OF PRINCIPAL OFFICER(S)			
				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 foregoing is true and correct.

Executed on	<u>April 23, 2024</u>	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>April 23, 2024</u>	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

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		
Artin Sodaify	City Council Agoura Hills	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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
		SUPPORT	OPPOSE