Statement of C	Organization	Date Sta	amp	CALIFO	CALIFORNIA AAO		
Recipient Committee					TOME CONTRACTOR		DESCRIPTION OF THE PROPERTY ASSESSMENT AS A SECOND CO.
	☑ Initial	☐ Amendment	☐ Termination - See Part 5	J. P. V	71.L	FOR	\$4. 12. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
	Not yet qualified	Amendment	Li Termination - See Part 5	2024 APR 25	DM 2: 21		Official Use Only
	or			CUZ4 HI N Z J	111 3. 21	}	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	CTIV OLDER	in come	-	
		//					
1. Committee	Information I.D. Number	r	2. Treasurer and	Other Princip	al Officers		
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER				
ARTIN SODAIF	Y FOR CITY COUNCIL AGOU	Artin Sodaify					
		STREET ADDRESS (NO P.O. BOX)					
			THE THE HELD HAVE BONY				
STREET ADDRESS (NO PO	BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
	*		Agoura Hills		CA	91301	
CITY	STATE ZIP CO		NAME OF ASSISTANT TREASURER	, IF ANY			-
Agoura Hills FULL MAILING ADDRESS (II	CA 913	01					
FOLL MAILING ADDRESS (II	- DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	IURISDICTION WHERE COM	MITTEE IS ACTIVE					
Los Angeles City of Agoura Hills		NAME OF PRINCIPAL OFFICER(S)					
	1000		STREET ADDRESS (NO P.O. BOX)	4			
Attach additional information on appropriately labeled continuation sheets.			CITY		STATE	ZIP CODE	AREA CODE/PHONE
		Λ					
3. Verification	438	1 1	STATE OF THE STATE		1411980		1 1 (b) 1 2 2 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
I have used all rea	asonable diligence in preparing t	nis statement and to the best	of my knowledge the information	ion contained he	rein is true a	and complete	L certify under
penalty of perjury	y under the laws of the State of (alifornia that the foregoing is	true and correct.	ion contained ne	i cii i i i i i i i i i i	ina complete.	r certify under
Executed on Apri	il 23, 2024		b				
Apri	DATE 123, 2024	VIX . A	NATURE OF TREASURER OR ASSISTANT TREASUR	ER		THE PERSON NAMED OF THE PE	
Executed on	DATE By	SIGNATURE REPORTE	NUMBER OFFICE HOLDER CAMPINATE OF STATES			Office Mary and the Administration	
Executed on	Rv	V- SIGNALONE SHIP OF THE	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			
	DATE	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			
Executed on	DATE By	CICALTUDE OF COLUMN	DI UNG OSSICSHOLDER CANDIDATE OF STATE			The same of the same of	

CALIFORNIA 410 Statement of Organization **Recipient Committee** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER All committees must list the financial institution where the campaign bank account is located. NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER

STATE

ZIP CODE

YEAR OF

PARTY

4. Type of Committee Complete the applicable sections.

Controlled Committee

ADDRESS

- 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		(INCLUDE DISTRICT NUMBER IF APPLICABLE)		PARTY ELECTION CHECK ONE			
Artin Sodaify	City Council Agoura Hills		2024	Nonpartican	Partisan	(list political par	ty below)
				Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or	oppose spe	cific candidates or measures in a single	election. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE 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

ELECTIVE OFFICE SOUGHT OR HELD