

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	4 / 8 / 2024	_____ / _____ / _____

Date Stamp

DIGITALLY RECEIVED AND FILED
in the office of the California Secretary of State
APR 18 2024

CITY OF AGOURA HILLS
2024 AUG 14 AM 9:06
CITY CLERK'S OFFICE

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers																		
<p>I.D. Number (if applicable) 1468031</p> <p>NAME OF COMMITTEE Kate Anderson for Agoura Hills City Council 2024</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CITY Agoura Hills</td> <td style="width: 15%;">STATE CA</td> <td style="width: 15%;">ZIP CODE 91301</td> <td style="width: 45%;">AREA CODE/PHONE 310-428-6571</td> </tr> </table> <p>FULL MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) neighborkate@gmail.com</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COUNTY OF DOMICILE Los Angeles</td> <td>JURISDICTION WHERE COMMITTEE IS ACTIVE City of Agoura Hills</td> </tr> </table> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 310-428-6571	COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Agoura Hills	<p>NAME OF TREASURER Peter Huffaker</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">STREET ADDRESS (NO P.O. BOX) [REDACTED]</td> <td style="width: 15%;">CITY Agoura Hills</td> <td style="width: 10%;">STATE CA</td> <td style="width: 15%;">ZIP CODE 91301</td> </tr> </table> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) peterhuffaker14@gmail.com</p> <p>AREA CODE/PHONE 310-428-8256</p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">STREET ADDRESS (NO P.O. BOX)</td> <td style="width: 15%;">CITY</td> <td style="width: 10%;">STATE</td> <td style="width: 15%;">ZIP CODE</td> </tr> </table> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)</p> <p>AREA CODE/PHONE</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">STREET ADDRESS (NO P.O. BOX)</td> <td style="width: 15%;">CITY</td> <td style="width: 10%;">STATE</td> <td style="width: 15%;">ZIP CODE</td> </tr> </table> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)</p> <p>AREA CODE/PHONE</p>	STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Agoura Hills	STATE CA	ZIP CODE 91301	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
CITY Agoura Hills	STATE CA	ZIP CODE 91301	AREA CODE/PHONE 310-428-6571																
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Agoura Hills																		
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Agoura Hills	STATE CA	ZIP CODE 91301																
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE																
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE																

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	4/17/2024	By	Peter Huffaker	<small>Digitally signed by Peter Huffaker DN: cn=Peter Huffaker, o=CCR Analytics, ou, email=peter@ccr-analytics.com, c=US Date: 2024.04.17 20:50:55 -0700</small>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	4/17/2024	By	Kathryn Anderson	<small>Digitally signed by Kathryn Anderson DN: cn=Kathryn Anderson, o, ou, email=neighborkate@gmail.com, c=US Date: 2024.04.17 20:57:22 -0700</small>
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	_____	By	_____	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	_____	By	_____	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Kate Anderson for Agoura Hills City Council 2024	I.D. NUMBER 1468031
--	------------------------

• 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 US Bank	AREA CODE/PHONE (747) 301-5101	BANK ACCOUNT NUMBER [REDACTED]
--	-----------------------------------	-----------------------------------

ADDRESS OF FINANCIAL INSTITUTION 29015 Thousand Oaks Blvd	CITY Agoura Hills	STATE CA	ZIP CODE 91301
--	----------------------	-------------	-------------------

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Kate Anderson	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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Kate Anderson for Agoura Hills City Council 2024

I.D. NUMBER

1468031

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.