

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="checkbox"/> Not yet qualified or | | |
| <input checked="" type="checkbox"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| 05 / 16 / 2022 | _____ / _____ / _____ | 01 / 05 / 2023 |

| | |
|------------|----------------------------------|
| Date Stamp | CALIFORNIA FORM 410 |
| | For Official Use Only |
| | <i>indexed 3/6/2023 #4 ✓</i> |

| | |
|---------------------------------|--|
| 1. Committee Information | 2. Treasurer and Other Principal Officers |
|---------------------------------|--|

I.D. Number (if applicable) 1448520

NAME OF COMMITTEE
BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| LOS ANGELES | CA | 90071 | (213) 624-6200 |

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
sosfilings@politicallaw.com

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|--------------------|--|
| LOS ANGELES | CITY OF BEVERLY HILLS |

NAME OF TREASURER
CARY DAVIDSON

STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| LOS ANGELES | CA | 90071 | (213) 624-6200 |

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL FARR

STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| LOS ANGELES | CA | 90071 | (213) 624-6200 |

NAME OF PRINCIPAL OFFICER(S)
ANDREW JIANG

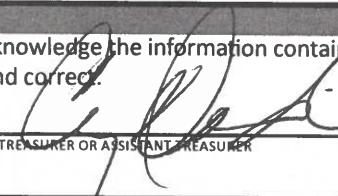
STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| LOS ANGELES | CA | 90071 | (213) 624-6200 |

Attach additional information on appropriately labeled continuation sheets.

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 | 1/23/2023 | By |  |
| | DATE | | SIGNATURE OF TREASURER OR ASSISTANT TREASURER |
| Executed on | _____ | By | _____ |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____ | By | _____ |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____ | By | _____ |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

**Statement of Organization
Recipient Committee**

CALIFORNIA
FORM **410**

INSTRUCTIONS ON REVERSE

Page 2 of 4

COMMITTEE NAME

I.D. NUMBER

BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022

1448520

2a. Additional Officers / Assistant Treasurers

| NAME | | | | NAME | | | |
|--------------------------------|-------|----------|-----------------|-----------------|-------|----------|-----------------|
| MARC LITCHMAN | | | | | | | |
| MAILING ADDRESS | | | | MAILING ADDRESS | | | |
| 515 S. FIGUEROA ST., STE. 1110 | | | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LOS ANGELES | CA | 90071 | (213) 624-6200 | | | | |
| NAME | | | | NAME | | | |
| | | | | | | | |
| MAILING ADDRESS | | | | MAILING ADDRESS | | | |
| | | | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | | | | |
| NAME | | | | NAME | | | |
| | | | | | | | |
| MAILING ADDRESS | | | | MAILING ADDRESS | | | |
| | | | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | | | | |
| NAME | | | | NAME | | | |
| | | | | | | | |
| MAILING ADDRESS | | | | MAILING ADDRESS | | | |
| | | | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| COMMITTEE NAME BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022 | I.D. NUMBER 1448520 |
|---|------------------------|

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

| | | |
|--|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION CALIFORNIA BANK & TRUST | AREA CODE/PHONE (213)228-1710 | BANK ACCOUNT NUMBER 5800688821 |
| ADDRESS 550 S. HOPE ST., #100 | CITY LOS ANGELES | STATE ZIP CODE CA 90071 |

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 | | (list political party below) |
|--|---|------------------|--------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

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 |
| VERA MARKOWITZ | City Council Member CITY OF BEVERLY HILLS | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022

I.D. NUMBER

1448520

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 proponent 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.