Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☒ Termination – See Part 5
☐ Not yet qualified or
☐ Date qualified as committee
☐ Date qualified as committee
(If amending to provide this date)
☐ Date qualified as committee

Date Stamp

1. Committee Information

NAME OF COMMITTEE
Frances Bilak for City Council
2017

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF TREASURER
LOU MILKOWSKI

STREET ADDRESS (NO P.O. BOX)
405 N. PALM DRIVE

CITY
BH
STATE
CA
ZIP CODE
90210
AREA CODE/PHONE
424-335-5850

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE

EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles
BEVERLY HILLS

Verify in Part 5

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 7/3/17 By LOU MILKOWSKI

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/3/17 By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Clear Page  Print
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Frances Bilak for City Council 2017

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

NAME OF FINANCIAL INSTITUTION

BANK West

AREA CODE/PHONE

310 281-5600

BANK ACCOUNT NUMBER

124 002 7834

ADDRESS

9550 S. Santa Monica Blvd B11 # 90210 Beverly Hills

CITY

STATE

CA

ZIP CODE

90210

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.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frances Bilak</td>
<td>City Council</td>
<td>2017</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name
Frances Bilk for City Council 2017

I.D. Number
1391691

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

Prove 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.

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