### Statement of Organization
Recipient Committee

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

- [ ] Not yet qualified or
- [ ] Date qualification threshold met

- Date qualification threshold met:
  - Date of termination: 06/30/2022

#### 1. Committee Information

**NAME OF COMMITTEE**
Vera Markowitz for Beverly Hills City Council 2022

**STREET ADDRESS (NO P.O. BOX)**
12501 Imperial Hwy. Ste. 200

**CITY**
Norwalk

**STATE**
CA

**ZIP CODE**
90650

**AREA CODE/PHONE**
(213)489-4792

**NAME OF COMMITTEE (If applicable)**
1444672

**STREET ADDRESS IN P.O. BOX**

**FAX (OPTIONAL)**
dl@ Gouldorellana.com / (213)489-4818

**E-MAIL ADDRESS (REQUIRED)**

**COUNTY OF DOMICILE**
Los Angeles

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
Beverly Hills

**ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.**

#### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
Vera Markowitz

**STREET ADDRESS (NO P.O. BOX)**

**CITY**
Beverly Hills

**STATE**
CA

**ZIP CODE**
90210

**AREA CODE/PHONE**

**NAME OF ASSISTANT TREASURER, IF ANY**
David Gould

**STREET ADDRESS (NO P.O. BOX)**
12501 Imperial Hwy Ste. 200

**CITY**
Norwalk

**STATE**
CA

**ZIP CODE**
90650

**AREA CODE/PHONE**
(213)489-4792

**NAME OF PRINCIPAL OFFICER(S)**
Ingrid Orellana-Assistant Treasurer

**STREET ADDRESS (NO P.O. BOX)**

**CITY**
Norwalk

**STATE**
CA

**ZIP CODE**
90650

**AREA CODE/PHONE**
(213)489-4792

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**EXECUTED ON**
7/13/2022

**DATE**

**CERTIFICATION**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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**FPPC Form 410 (August/2018)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Vera Markowitz for Beverly Hills City Council 2022

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Bank &amp; Trust</td>
<td>(213)228-1700</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>550 S. Hope Street Ste. 100</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90071</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vera Markowitz</td>
<td>City Council Member Beverly Hills</td>
<td>2022</td>
<td>Nonpartisan</td>
<td>X</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 (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</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>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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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

**Sponsored Committee**  List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

**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.