Statement of Organization
Recipient Committee

Statement Type □ Initial Not yet qualified □ or □ Amendment List I.D. number: # □ Termination – See Part 5 List I.D. number: #

Date qualified as committee Date qualified as committee (if applicable)

Date of Termination

1. Committee Information
NAME OF COMMITTEE
VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL /2017

STREET ADDRESS (NO P.O. BOX)
369 SOUTH DOHENY DRIVE, #303

CITY BEVERLY HILLS, STATE CA ZIP CODE 90211 AREA CODE/PHONE (310)890-8403

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS
(310)277-0329 stevesueda@aol.com

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

NAME OF ASSISTANT TREASURER, IF ANY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY LOS ANGELES, STATE CA ZIP CODE 90017 AREA CODE/PHONE (213)622-8816

NAME OF TREASURER SAMUEL VARON

STREET ADDRESS (NO P.O. BOX) 1055 W. 7TH STREET, #1750

CITY LOS ANGELES, STATE CA ZIP CODE 90017 AREA CODE/PHONE (213)622-8816

2. Treasurer and Other Principal Officers

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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 9/13/2016 By
Executed on 9/13/2016 By
Executed on By
Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Attach additional information on appropriately labeled continuation sheets.
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>ID. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL</td>
<td></td>
</tr>
</tbody>
</table>

- **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>EARLY SUBMISSION - NOT YET QUALIFIED</td>
<td>CITY</td>
<td>STATE</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.”

- 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 PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERA MARKOWITZ</td>
<td>Member of Beverly Hills City Council</td>
<td>2017</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)</th>
<th>FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</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>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 410 (Jan/2016)

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

www.fppc.ca.gov