Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified
☑ Date qualification threshold met
☐ Date qualification threshold met

Date Stamp
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Date qualification threshold met
05 / 03 / 2022

Date of termination
12 / 27 / 2022

Statement Type
☐ Initial
☐ Not yet qualified
☑ Date qualification threshold met

Committee Information
I.D. Number
1445999

NAME OF COMMITTEE
Beverly Hills Neighbors Supporting Nazarian for City Council 2022

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY
Sacramento

STATE
CA

ZIP CODE
95815

AREA CODE/PHONE
(916)285-5733

NAME OF TREASURER
Susan Wiesner

STREET ADDRESS (NO P.O. BOX)
9113 Sunset Blvd.

CITY
Los Angeles

STATE
CA

ZIP CODE
90069

AREA CODE/PHONE
(916)285-5733

NAME OF ASSISTANT TREASURER, IF ANY
Shawnda Deane

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY
Sacramento

STATE
CA

ZIP CODE
95815

AREA CODE/PHONE
(916)285-5733

NAME OF PRINCIPAL OFFICER(S)
Susan Wiesner

STREET ADDRESS (NO P.O. BOX)
9113 Sunset Blvd.

CITY
Los Angeles

STATE
CA

ZIP CODE
90069

AREA CODE/PHONE
(916)285-5733

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 12/27/2022
By

Signature of Treasurer or Assistant Treasurer

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
Beverly Hills Neighbors Supporting Nazarian for City Council 2022

I.D. NUMBER
1445999

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>First Foundation Bank</td>
<td>(916) 283-8042</td>
<td>5805046420</td>
</tr>
</tbody>
</table>

ADDRESS
1601 Response Road, Suite 190
CITY
Sacramento
STATE
CA
ZIP CODE
95815

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 CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</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>Sharona Nazarian</td>
<td>City Council Member City of Beverly Hills</td>
<td>SUPPORT X</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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Statement of Organization
Recipient Committee

COMMITTEE NAME I.D. NUMBER
Beverly Hills Neighbors Supporting Nazarian for City Council 2022 1445000

4. Type of Committee
   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.

   NAME OF SPONSOR
   INDUSTRY GROUP OR AFFILIATION OF SPONSOR

   STREET ADDRESS NO. AND STREET CITY
   STATE ZIP CODE

   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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