Statement of Organization
Recipient Committee

Statement Type

- Initial
- Amendment
- Termination - See Part 5

I.D. Number

1445999

Beverly Hills Neighbors Supporting Nazarian for City Council 2022

NAME OF COMMITTEE

Beverly Hills Neighbors Supporting Nazarian for City Council 2022

NAME OF TRUSTEE, IF ANY

Susan Wiesner

STREET ADDRESS (NO P.O. BOX)

9113 Sunset Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90069 (916)285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Shawnda Deane

STREET ADDRESS (NO P.O. BOX)

1787 Tribute Road, Suite K

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95815 (916)285-5733

NAME OF PRINCIPAL OFFICER(S)

Susan Wiesner

STREET ADDRESS (NO P.O. BOX)

9113 Sunset Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90069 (916)285-5733

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 5/9/2022 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPPONENT

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**

Bevery Hills Neighbors Supporting Nazarian for City Council 2022

<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></td>
</tr>
</tbody>
</table>

1601 Response Road, Suite 190
Sacramento
CA 95815

### 4. Type of Committee

**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 Proponent</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>Sharona Nazarian</td>
<td>City Council Member City of Beverly Hills</td>
<td></td>
<td>Support 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>Sharona Nazarian</td>
<td>City Council Member City of Beverly Hills</td>
<td>Support X</td>
</tr>
</tbody>
</table>

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**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

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

**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.