## Statement of Organization

**Recipient Committee**

### Statement Type

- **Initial**
- **Amendment**
- **Termination – See Part 5**

### Date Qualified as Committee

- **7/29/22**

### Date of Termination

- **7/30/22**

### Committee Information

- **NAME OF COMMITTEE:** Lester Friedman For BH City Council (2022)
- **I.D. Number:** 1334106

### 1. Committee Information

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>c/o FTA Events, 269 So. Beverly Drive, Ste. 755</td>
<td>Beverly Hills</td>
<td>CA</td>
<td>90212</td>
<td>(310) 955-4479</td>
</tr>
</tbody>
</table>

### 2. Treasurer and Other Principal Officers

- **NAME OF TREASURER:** MICHAEL BARRY
- **STREET ADDRESS (NO P.O. BOX):**
- **CITY:** Beverly Hills
- **STATE:** CA
- **ZIP CODE:** 90212
- **PHONE:** (310) 955-4479

### Name of Assistant Treasurer, if any

- **NAME OF ASSISTANT TREASURER:**

### County of Domicile

- **COUNTY OF DOMICILE:** Los Angeles

### Jurisdiction Where Committee is Active

- **JURISDICTION:** Beverly Hills

### 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 7/30/22**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

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**FP Soph Form 410 (May/2017)**

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

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

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Lester Friedman for BH City Council (2022)

I.D. NUMBER
1442212

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>Wells Fargo Bank</td>
<td>(424) 332 1400</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS
315 S. Beverly Dr. Ste. 100
CITY
Beverly Hills
STATE
CA
ZIP CODE
90212

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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lester Friedman</td>
<td>City Council</td>
<td>2022</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
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</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)</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>SUPPORT</td>
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<td>OPPOSE</td>
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