Statement of C Recipient Com		Date Stamp	CALIFORNIA 410								
Statement Type		I—		83	FO	FORM For Official Use Only INDEXED 3/14/2023					
Statement Type	☑ Initial	☐ Amendment	☐ Termination – See Part 5	26							
	Not yet qualified			≥ ₫	INTRE						
	☐ Date qualification threshold met	Date qualification threshold met	Date of termination	ILLS CITY CLERK 3 MAR 7 PM3:08	3/1						
	/	/	//	길층							
1. Committee	e Information I.D. Number	er	2. Treasurer and	Other Principal Officer	s	-					
NAME OF COMMITTEE	(if applicable)	NAME OF TREASURER									
		Darian Bojeaux	babel								
Residen	ts Against Overdeve	STREET ADDRESS (NO P.O. BOX)	·								
			123 North Palm Di	rive							
STREET ADDRESS (NO P.O	·	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE						
123 North Pali	m Drive	Beverly Hills	CA	90210	(310) 276-6847						
Beverly Hills		O210 AREA CODE/PHONE (310) 276-684	NAME OF ASSISTANT TREASURED	R, IF ANY							
FULL MAILING ADDRESS ((IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)								
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE	AREA CODE/PHONE						
bojeaux@eartl	hlink.net										
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	NAME OF PRINCIPAL OFFICER(S)							
Los Angeles	City of Beverly	Hills	Deborah Blum	Deborah Blum							
	- · · ·		STREET ADDRESS (NO P.O. BOX)		-						
			810 North Rodeo								
Attach additiona	al information on appropriately le	CITY	STATE	ZIP CODE	AREA CODE/PHONE						
			Beverly Hills	CA	90210	C/O 310-276-6847					
3. Verificatio	n					ুন্ধত্					
I have used all re	easonable diligence in preparing	this statement and to the best	t of my knowledge the informa	ation contained herein is true	and compl	ete. I certify under					
	ry under the laws of the State of					···································					
Executed onMa	arch 3, 2023 By	Sid	SNATURE OF TREASURER OR ASSISTANT TREASU	JRER							
Executed on	DATE By	// /	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE								
Executed on	By		ROLLING OFFICEHOLDER, CANDIDATE, OR STATE								
Executed on		SIGNAL OF CONTR	or recircular, university of State								
Executed Oil	DATE By	SIGNATURE OF CONT	POLLING DESICENDINES CANDIDATE OF STATE	E MEASURE DOODONENT							

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee	CALIFORNIA 410								
INSTRUCTIONS ON REVERSE	Page 2								
COMMITTEE NAME Residents Against Overdevelopment I.D. NUMBER									
All committees must list the financial institution where the can	npaign bar	nk account is located.							
NAME OF FINANCIAL INSTITUTION	BANK ACCOU	NT NUMBER							
Wells Fargo	(310) 285-0082	305790	6889					
ADDRESS	CITY	-	STATE	ZI	P CODE				
9354 Wilshire Boulevard	Beve	erly Hills	CA	9	90212				
4. Type of Committee Complete the applicable sections.									
Controlled Committee									
• List the name of each controlling officeholder, candidate, or stat also list the elective office sought or held, and district number, if				controlled	,				
• List the political party with which each officeholder or candidate	is affiliate	d or check "nonpartis	an." Stating "No pa	rty prefere	ence" is acce	otable			
If this committee acts jointly with another controlled committee	, list the n	ame and identification	number of the oth	er controll	ed committe	e.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGH	YEAR OF ELECTION	PAR' CHECK						
					Nonpartisan	Partisan	(list political par	ty below)	
					Nonpartisan	Partisan	(list political par	ty below)	
	<u> </u>								
Primarily Formed Committee Primarily formed to support or o	opose spec	ific candidates or mea	asures in a single ele	ection. List	t below:				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)								ONE	
Cheval Blanc Hotel (CV)		City of Beverly Hill	s				SUPPORT	OPPOSE	

SUPPORT

OPPOSE