Statement of Organization
Recipient Committee

Statement Type: Initial

1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>NAME OF COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LESTER FRIEDMAN FOR BH CITY COUNCIL (2022)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Hills</td>
<td>Beverly Hills</td>
<td>CA</td>
<td>90212</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL MAILING ADDRESS (IF DIFFERENT)</th>
<th>E-MAIL ADDRESS (REQUIRED)/FAX (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:info@electlesfriedman.com">info@electlesfriedman.com</a></td>
</tr>
</tbody>
</table>

2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL BARRY</td>
<td>Beverly Hills, CA 90212</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Hills</td>
<td>CA</td>
<td>90212</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF PRINCIPAL OFFICER(S)</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INGRID HIDAJAT</td>
<td>Beverly Hills, CA 90211</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Hills</td>
<td>CA</td>
<td>90211</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF ASSOCIATED TREASURER, IF ANY</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beverly Hills, CA 90210</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Hills</td>
<td>CA</td>
<td>90210</td>
<td></td>
</tr>
</tbody>
</table>

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 9/23/2021

Signature of Treasurer or Assistant Treasurer

Executed on 9/23/2021

Signature of Controlling Officer,Candidate, or State Measure Proponent

Executed on

Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

Signature of Controlling Officer, Candidate, or State Measure Proponent

FFPC Form 410 (August/2018)
FFPC 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)

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
WELLS FARGO BANK

AREA CODE/PHONE
(310)550-7183

BANK ACCOUNT NUMBER

ADDRESS
433 N Camden Dr

CITY
Beverly Hills

STATE
CA

ZIP CODE
90210

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." 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.

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

- CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
- CANDIDATE(S) OFFICE Sought OR HEld OR MEASURE(S) JURISDICTION

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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

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or person 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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