| Statement of (<br>Recipient Con     |   |   |   | Date Stamp   | CALIFO         |                          |
|-------------------------------------|---|---|---|--|----------------|--------------------------|
| Statement Type                      | Initial     Not yet qualified     or     Date qualification threshold met | Amendment   | Termination – See Part 5                      | MAR 14 PM1:0   | INDE           | TURED<br>TURED           |
|                                     |   |   |   | E C  | 2419           | 100000000                |
| 1. Committee Ir                     | nformation I.D. Numb  |   | 2. Treasurer and                              | Other Principal Office   | rs             |                          |
| NAME OF COMMITTEE                   |   |   | NAME OF TREASURER                             | and the second |                |                          |
| YES ON B & C, FR<br>TOP FUNDER LVMH | RIENDS OF CHEVAL BLANC BEVER<br>MOET HENNESSY LOUIS VUITTON               | LY HILLS; AD COMMITTEE'S<br>AND AFFILIATED ENTITIES | SEAN P. WELCH<br>STREET ADDRESS (NO P.O. BOX) |  |                |                          |
| STREET ADDRESS (NO P.O              | D ROXI  |   | 2350 KERNER BLVD.                             | , STE 250<br>STATE   | ZIP CODE       | AREA CODE/PHONE          |
|                                     |   |   | citi  | STATE  | ZIP CODE       | AREA CODE/PHONE          |
| 2350 KERNER BLVD                    | SADALE, RESOLVAN COMPANYA   | CODE AREA CODE/PHONE                                | SAN RAFAEL                                    | CA   | 94901          | (415)389-6800            |
| CIT                                 | STATE ZIP   | LODE AREA CODE/PHONE                                | NAME OF ASSISTANT TREASURER                   | , IF ANT   |                |                          |
| SAN RAFAEL                          | CA  | 94901 (415)389-6800                                 |   |  |                |                          |
| FULL MAILING ADDRESS                | (IF DIFFERENT)  |   | STREET ADDRESS (NO P.O. BOX)                  |  |                |                          |
| ·                                   |   |   | 2350 KERNER BLVD.                             | , STE 250  |                |                          |
| E-MAIL ADDRESS (REQUI               | IRED) / FAX (OPTIONAL)  |   | CITY  | STATE  | ZIP CODE       | AREA CODE/PHONE          |
| form410@nmgovlaw                    | v.com   |   | SAN RAFAEL                                    | CA   | 94901          | (415)389-6800            |
| COUNTY OF DOMICILE                  | JURISDICTION WHERE CO   | MMITTEE IS ACTIVE                                   | NAME OF PRINCIPAL OFFICER(S)                  |  |                |                          |
| MARIN                               | CITY: BEVERI  | Y HILLS   | ANISH MELWANI                                 |  |                |                          |
|                                     |   |   | STREET ADDRESS (NO P.O. BOX)                  |  |                |                          |
|                                     |   |   | 19 EAST 57TH STRE                             | ρΨ   |                |                          |
| 1                                   | 5   |   | CITY  | STATE  | ZIP CODE       | AREA CODE/PHONE          |
| Attach additional                   | information on appropriately lab  | peled continuation sheets.                          |   |  |                | (115)000 1000            |
|                                     |   |   | NEW YORK                                      | NY   | 10022          | (415)389-6800            |
|                                     |   |   |   | tion contained herein is tru   | e and complete | e. I certify under       |
|                                     | DATE DATE   | SIGNAT  | TURE OF TREASURER OR ASSISTANT TREASU         | RER  |                |                          |
| Executed on                         | Ву  |   |   |  |                |                          |
|                                     | DATE  | SIGNATURE OF CONTROLL                               | ING OFFICEHOLDER, CANDIDATE, OR STATE I       | MEASURE PROPONENT  |                |                          |
| Executed on                         | Ву  |   |   |  |                |                          |
|                                     | DATE  | SIGNATURE OF CONTROLL                               | ING OFFICEHOLDER, CANDIDATE, OR STATE I       | MEASURE PROPONENT  |                |                          |
| Executed on                         | Ву  |   |   |  |                |                          |
|                                     | DATE  | SIGNATURE OF CONTROL                                | LING OFFICEHOLDER, CANDIDATE, OR STATE        | MEASURE PROPONENT  | FPPO           | C Form 410 (August/2018) |

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

| Statement of Organization<br>Recipient Committee<br>INSTRUCTIONS ON REVERSE   | CALIFORNIA<br>FORM 410 |
|---|------------------------|
| COMMITTEE NAME  | Page 2 of 3            |
| YES ON B & C, FRIENDS OF CHEVAL BLANC BEVERLY HILLS; AD COMMITTEE'S TOP FUNDER LVMH MOET HENNESSY LOUIS VUITTON AND | I.D. NUMBER            |
| AFFILIATED ENTITIES   | 1457764                |

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

| NAME OF FINANCIAL INSTITUTION                          | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|--|-----------------|---------------------|
| BANK OF MARIN  | (415)927-8905   | 01849369            |
| ADDRESS  | CITY            | STATE ZIP CODE      |
| 504 TAMALPAIS DRIVE                                    | CORTE MADERA    | CA 94925            |
| 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.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF | PAR<br>CHECK |          |                              |
|--|---|---------|--------------|----------|------------------------------|
|  |   |         | Nonpartisan  | Partisan | (list political party below) |
|  |   |         | Nonpartisan  | Partisan | (list political party below) |

## 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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK        | ONE    |
|---|--|--------------|--------|
| MEASURE B: REFERENDUM MEASURE RE: THE CHEVAL BLANC PROJECT [ORDINANCE NO. 22-0-2866] : B  | CITY OF BEVERLY HILLS  | support<br>X | OPPOSE |
| MEASURE C: REFERENDUM MEASURE RE: THE CHEVAL BLANC PROJECT<br>[ORDINANCE NO. 22-0-2867] : C   | CITY OF BEVERLY HILLS  | support<br>X | OPPOSE |

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

| Statement of Organization   |  |   |                                |                           | CALIFORNIA 410                  |
|---|--|---|--------------------------------|---------------------------|---------------------------------|
|   |  |   |                                |                           | FORM 410                        |
|   |  |   |                                |                           | Page 3 of 3                     |
| COMMITTEE NAME<br>YES ON B & C, FRIENDS OF CHEVAL BLANC BEVE<br>AFFILIATED ENTITIES                     | RLY HILLS; AD COMMITTEE                | 'S TOP FUNDER LVMH MOET                         | HENNESSY LOUIS VUIT            | TTON AND                  | .D. NUMBER                      |
| 4. Type of Committee (Continued)  |  |   |                                |                           | 1457764                         |
|   | support or oppose specific<br>ittee    | candidates or measures in a<br>COUNTY Committee | a single election. Check       |                           |                                 |
| PROVIDE BRIEF DESCRIPTION OF ACTIVITY   |  |   |                                |                           |                                 |
|   |  |   |                                |                           |                                 |
| Sponsored Committee List additional spons   | ors on an attachment.                  |   |                                |                           |                                 |
| NAME OF SPONSOR   |  | INDUSTRY GROUP OR AFFILIATION OF                | SPONSOR                        |                           |                                 |
| LVMH MOET HENNESSY LOUIS VUITTON AND AFFI   | LIATED ENTITIES                        | RETAIL  |                                |                           |                                 |
| STREET ADDRESS NO. AND STREET   | CITY                                   |   | STATE                          | ZIP CODE                  | AREA CODE/PHONE                 |
| 19 EAST 57TH STREET   | NEW                                    | YORK  | NY                             | 10022                     | (212)251-5800                   |
| Small Contributor Committee   | e qualified                            |   |                                |                           |                                 |
|   | the verification, the treasurer, assis |   | fficeholder, or proponent cert | ify that all of the follo | owing conditions have been met: |
| This committee has ceased to receive contri   | butions and make expendit              | ures;   |                                |                           |                                 |
| <ul> <li>This committee does not anticipate receiving</li> </ul>  | g contributions or making e            | expenditures in the future;                     |                                |                           |                                 |
| <ul> <li>This committee has eliminated or has no int</li> </ul>   | ention or ability to discharg          | e all debts, loans received,                    | and other obligations;         |                           |                                 |
| <ul> <li>This committee has no surplus funds; and</li> </ul>  |  |   |                                |                           |                                 |
| This committee has filed all campaign states  | ments required by the Politi           | cal Reform Act disclosing al                    | I reportable transaction       | s.                        |                                 |
| There are restrictions on the disposition<br>Code Section 89519.  | of surplus campaign funds h            | neld by elected officers who                    | are leaving office and l       | by defeated cand          | lidates. Refer to Government    |
| <ul> <li>Leftover funds of ballot measure commit<br/>subject to Elections Code Section 18680</li> </ul> |  |   | ntal purposes under Gov        | vernment Code S           | Sections 89511 - 89518, and are |

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