Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☑ Termination – See Part 5

List I.D. number:
# 1388561

DATE QUALIFIED
03/28/2017

List I.D. number:
# 1388561

Date of Termination:
03/28/2017

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Nancy Krasne for City Council 2017

STREET ADDRESS (NO P.O. BOX)
917 Oxford Way

CITY
Beverly Hills

STATE
CA

STREET ADDRESS (IF DIFFERENT)

ZIP CODE 90210

AREA CODE/PHONE (310) 786-2100

MAILING ADDRESS (IF DIFFERENT)

CITY
Beverly Hills

STATE
CA

STREET ADDRESS (NO P.O. BOX)

ZIP CODE 90210

AREA CODE/PHONE (310) 786-2100

FAX/E-MAIL ADDRESS
Nancy@Krasne.com

COUNTY OF DOMICILE
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE
Beverly Hills

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Bill Neiman

DATE
03/20/2017

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

NAME OF ASSISTANT TREASURER, IF ANY
James Krasne

DATE
03/20/2017

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

NAME OF PRINCIPAL OFFICER(S)

DATE
03/20/2017

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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 03/20/2017

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee to Elect Nancy Krasne for City Council 2017

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>(310)550-2137</td>
<td>3609964659</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9600 Santa Monica Blvd., 1st Floor</td>
<td>Beverly Hills</td>
<td>CA</td>
<td>90210</td>
</tr>
</tbody>
</table>

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.”

- 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy H. Krasne</td>
<td>City Council</td>
<td>2007</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</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)</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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>