Statement of Organization
Recipient Committee

Statement Type
- Initial
- Amendment
- Termination – See Part 5

NAME OF COMMITTEE
Beverly Hills Neighbors Supporting Nazarian for City Council 2022

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95815 (916)285-5733

NAME OF TREASURER
Susan Wiesner

STREET ADDRESS (NO P.O. BOX)
9113 Sunset Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90069 (916)285-5733

NAME OF ASSISTANT TREASURER, IF ANY
Shawnda Deane

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95815 (916)285-5733

DATE
Executed on 03/11/2022

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

netfile.com
**Statement of Organization**

**Recipients Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

Beverly Hills Neighbors Supporting Nazarian for City Council 2022

- 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>First Foundation Bank</td>
<td>(916) 283-8042</td>
<td></td>
</tr>
</tbody>
</table>

**ADDRESS**

1601 Response Road, Suite 190, Sacramento, CA 95815

**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." 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.

<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></td>
<td></td>
<td></td>
<td>Nonpartisan Partisan (list political party below)</td>
</tr>
</tbody>
</table>

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.**

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharona Nazarian</td>
<td>City Council Member City of Beverly Hills</td>
<td>SUPPORT</td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name
Beverly Hills Neighbors Supporting Nazarian for City Council 2022

4. Type of 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

List additional sponsors on an attachment.

Name of Sponsor  Industry Group or Affiliation of Sponsor

Street Address  No. and Street  City  State  Zip Code  Area Code/Phone

☐ Small Contributor Committee  Date Qualified

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