## Statement of Organization

**Recipient Committee:**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Initial</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date qualification threshold met</td>
<td></td>
<td>03/08/2022</td>
<td>08/31/2022</td>
</tr>
</tbody>
</table>

### 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>1446668</th>
</tr>
</thead>
</table>

**NAME OF COMMITTEE:**

FRIENDS OF ANDY LIGHT FOR BEVERLY HILLS CITY COUNCIL 2022

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>22815 VENTURA BLVD., #405</th>
</tr>
</thead>
</table>

**CITY:**

LOS ANGELES

**STATE:**

CA

**ZIP CODE:**

91364

**AREA CODE/PHONE:**

(415) 732-7700

**FULL MAILING ADDRESS (IF DIFFERENT):**

150 POST STREET, SUITE 405 SAN FRANCISCO, CA 94108

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):**

CAMPAIGN@CAMPAIGNLAWYERS.COM

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
<td>91364</td>
<td>(415) 732-7700</td>
</tr>
</tbody>
</table>

### 2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>MATTHEW ALVAREZ</th>
</tr>
</thead>
</table>

**STREET ADDRESS (NO P.O. BOX):**

22815 VENTURA BLVD., #405

**CITY:**

LOS ANGELES

**STATE:**

CA

**ZIP CODE:**

91364

**AREA CODE/PHONE:**

(415) 732-7700

<table>
<thead>
<tr>
<th>NAME OF ASSISTANT TREASURER, IF ANY</th>
<th>JONATHAN P. FISHER</th>
</tr>
</thead>
</table>

**STREET ADDRESS (NO P.O. BOX):**

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**CITY:**

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**STATE:**

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**ZIP CODE:**

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**AREA CODE/PHONE:**

(415) 732-7700

<table>
<thead>
<tr>
<th>NAME OF PRINCIPAL OFFICER(S)</th>
<th>ROBERT KAPLAN</th>
</tr>
</thead>
</table>

**STREET ADDRESS (NO P.O. BOX):**

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**CITY:**

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**STATE:**

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**ZIP CODE:**

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**AREA CODE/PHONE:**

(415) 732-7700

### 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 9/1/22

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

FRIENDS OF ANDY LIGHT FOR BEVERLY HILLS CITY COUNCIL 2022

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK OF SAN FRANCISCO</td>
<td>(415) 744-6700</td>
<td>704032057</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>575 MARKET STREET, SUITE 900</td>
<td>SAN FRANCISCO</td>
<td>CA</td>
<td>94105</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan Partisan</td>
</tr>
</tbody>
</table>

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

- If a recall, state "RECALL" in front of the officeholder's name.

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME</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>ANDREW LIGHT</td>
<td>City Council Member CITY OF BEVERLY HILLS</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X  OPPOSE</td>
</tr>
</tbody>
</table>

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
FRIENDS OF ANDY LIGHT FOR BEVERLY HILLS CITY COUNCIL 2022

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

Sponsored Committee
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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