Statement of Organization
Recipient Committee

Statement Type
[X] Initial
☐ Amendment
☐ Termination – See Part 5

Date qualification threshold met
Date qualification threshold met
Date of termination

03 / 08 / 2022

1. Committee Information

NAME OF COMMITTEE
FRIENDS OF ANDY LICHT FOR BH CC 2022

STREET ADDRESS (NO P.O. BOX)
22815 VENTURA BLVD., #405

CITY
LOS ANGELES

STATE
CA

ZIP CODE
91364

AREA CODE/PHONE
(415) 732-7700

NAME OF TREASURER
MATTHEW ALVAREZ

STREET ADDRESS (IF DIFFERENT)
150 POST STREET, SUITE 405 SAN FRANCISCO, CA 94108

CITY
SAN FRANCISCO

STATE
CA

ZIP CODE
94108

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
CAMPAIGN@CAMPAIGNLAWYERS.COM

COUNTRY OF DOMICILE
LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE
CITY OF LOS ANGELES

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
MATTHEW ALVAREZ

STREET ADDRESS (NO P.O. BOX)
22815 VENTURA BLVD., #405

CITY
LOS ANGELES

STATE
CA

ZIP CODE
91364

AREA CODE/PHONE
(415) 732-7700

NAME OF ASSISTANT TREASURER, IF ANY
BRADLEY HERZ

STREET ADDRESS (NO P.O. BOX)
22815 VENTURA BLVD., #405

CITY
LOS ANGELES

STATE
CA

ZIP CODE
91364

AREA CODE/PHONE
(415) 732-7700

NAME OF PRINCIPAL OFFICER(S)
ROBERT KAPLAN

STREET ADDRESS (NO P.O. BOX)
22815 VENTURA BLVD., #405

CITY
LOS ANGELES

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AREA CODE/PHONE
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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 3-16-22
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>FRIENDS OF ANDY LICHT FOR BH CC 2022</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>BANK OF SAN FRANCISCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>AREA CODE/PHONT</td>
<td>(415) 744-6700</td>
</tr>
<tr>
<td>BANK ACCOUNT NUMBER</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>575 MARKET STREET, SUITE 900</td>
</tr>
<tr>
<td>CITY</td>
<td>SAN FRANCISCO</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</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></td>
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</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) 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 LICHT</td>
<td>City Council Member CITY OF BEVERLY HILLS</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

4. Type of Committee

<table>
<thead>
<tr>
<th>General Purpose Committee</th>
<th>Not formed to support or oppose specific candidates or measures in a single election. Check only one box:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ CITY Committee</td>
</tr>
<tr>
<td></td>
<td>☐ COUNTY Committee</td>
</tr>
<tr>
<td></td>
<td>☐ STATE Committee</td>
</tr>
</tbody>
</table>

Provide brief description of activity.

Sponsored Committee
List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Small Contributor Committee
☐ 00/00/00 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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