Statement of Organization
Recipient Committee

Statement Type

- Initial
- Not yet qualified or Date qualification threshold met
- Amendment
- Date qualification threshold met
- Termination – See Part 5
- Date of termination

1. Committee Information
   I.D. Number (if applicable) 1457764
   NAME OF COMMITTEE
   FRIENDS OF CHEVAL BLANC BEVERLY HILLS; COMMITTEE MAJOR FUNDING FROM
   LVMI MOST HENNESSY LOUIS VUITTON, INC. AND AFFILIATED ENTITIES
   STREET ADDRESS (NO P.O. BOX)
   2350 KERNER BLVD., STE 250
   CITY
   SAN RAFAEL
   STATE
   CA
   ZIP CODE
   94901
   FULL MAILING ADDRESS (IF DIFFERENT)
   STREET ADDRESS (NO P.O. BOX)
   2350 KERNER BLVD., STE 250
   CITY
   SAN RAFAEL
   STATE
   CA
   ZIP CODE
   94901
   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
   fpm10@mgovlaw.com
   COUNTY OF DOMICILE
   MARIN
   JURISDICTION WHERE COMMITTEE IS ACTIVE
   CITY: BEVERLY HILLS
   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   SEAN P. WELCH
   STREET ADDRESS (NO P.O. BOX)
   2350 KERNER BLVD., STE 250
   CITY
   SAN RAFAEL
   STATE
   CA
   ZIP CODE
   94901
   AREA CODE/PHONE
   (415)389-6800
   NAME OF ASSISTANT TREASURER, IF ANY
   HILARY J. GIBSON
   STREET ADDRESS (NO P.O. BOX)
   2350 KERNER BLVD., STE 250
   CITY
   SAN RAFAEL
   STATE
   CA
   ZIP CODE
   94901
   AREA CODE/PHONE
   (415)389-6800
   NAME OF PRINCIPAL OFFICER(S)
   ANISH MEHWANI
   STREET ADDRESS (NO P.O. BOX)
   19 EAST 57TH STREET
   CITY
   NEW YORK
   STATE
   NY
   ZIP CODE
   10022
   AREA CODE/PHONE
   (415)389-6800

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 1/26/2023 By Signature of Treasurer or Assistant Treasurer
   Executed on Date: 2023.01.26 14:32:29-08'00'
   Executed on
   Executed on
   Executed on
   Executed on
   By
   By
   By
   By
   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
   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
## Statement of Organization
Recipient Committee

### COMMITTEE NAME
FRIENDS OF CHEVAL BLANC BEVERLY HILLS; COMMITTEE MAJOR FUNDING FROM LVMH MOET HENNESSY LOUIS VUITTON, INC. AND AFFILIATED ENTITIES

### INSTRUCTIONS ON REVERSE

#### CALIFORNIA FORM 410

**Page 2 of 3**

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### 1.0. NUMBER
1457764

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- 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>BANK OF MARIN</td>
<td>(415) 927-8905</td>
<td>01849369</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>504 TAMALPAIS DRIVE</td>
<td>CORTE MADERA</td>
<td>CA</td>
<td>94925</td>
</tr>
</tbody>
</table>

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### 3. 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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(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:

<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>REFERENDUM MEASURE RE: THE CHEVAL BLANC PROJECT [ORDINANCE NO. 22-0-2866]</td>
<td>CITY OF BEVERLY HILLS</td>
<td>SUPPORT X</td>
</tr>
<tr>
<td>REFERENDUM MEASURE RE: THE CHEVAL BLANC PROJECT [ORDINANCE NO. 22-0-2867]</td>
<td>CITY OF BEVERLY HILLS</td>
<td>SUPPORT X</td>
</tr>
</tbody>
</table>

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**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

FRIENDS OF CHEVAL BLANC BEVERLY HILLS; COMMITTEE MAJOR FUNDING FROM LVMH MOET HENNESSY LOUIS VUITTON, INC. AND AFFILIATED ENTITIES

**I.D. NUMBER**

1452764

### 4. Type of Committee

- **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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVMH MOET HENNESSY LOUIS VUITTON, INC. AND AFFILIATED ENTITIES</td>
<td>RETAIL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 EAST 57TH STREET</td>
<td>NEW YORK</td>
<td>NY</td>
<td>10022</td>
<td>(212)251-5800</td>
<td></td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

☐ Date qualified

### 5. Termination Requirements

- 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.