# Statement of Organization

**Recipient Committee**

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<th>Statement Type</th>
<th>Initial</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
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<td>Date qualification threshold met</td>
<td>04/23/22</td>
<td>06/14/22</td>
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## 1. Committee Information

**NAME OF COMMITTEE**

Shiva Gordon Bagheri For Beverly Hills City Council 2022

**STREET ADDRESS**

Beverly Hills, CA 90212

**E-MAIL ADDRESS**

shivabagheriforbhcc@gmail.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**

David Hernandez

**ADDRESS**

20121 Ventura Bl #307

**CITY**

Woodland Hills

**STATE**

CA

**ZIP CODE**

91364

**AREA CODE/PHONE**

818 448-3403

**NAME OF ASSISTANT TREASURER, IF ANY**

**ADDRESS**

**CITY**

Woodland Hills

**STATE**

CA

**ZIP CODE**

91364

**AREA CODE/PHONE**

818 448-3403

**NAME OF PRINCIPAL OFFICER(S)**

Shiva Gordon Bagheri

**ADDRESS**

20121 Ventura Bl #307

**CITY**

Woodland Hills

**STATE**

CA

**ZIP CODE**

91364

**AREA CODE/PHONE**

818 448-3403

## 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 06/14/22

By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/14/22

By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on [Date]

By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on [Date]

By [Signature]

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

COMMITTEE NAME
Shiva Gordon Bagheri For Beverly Hills City Council 2022

J.D. NUMBER
1444176

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

NAME OF FINANCIAL INSTITUTION  AREA CODE/PHONE  BANK ACCOUNT NUMBER
Union Bank  818 893-6306

ADDRESS  CITY  STATE  ZIP CODE
14360 Roscoe Bl.  Panorama City  CA  91402

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT  ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR OF ELECTION  PARTY CHECK ONE
Shiva Gordon Bagheri  Beverly Hills City Council  2022  Nonpartisan  Partisan  (list political party below)

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.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE  SUPPORT  OPPOSE

SUPPORT  OPPOSE

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Shiva Gordon Bagheri For Beverly Hills City Council 2022

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.

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 ponent 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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