

**Statement of Organization  
Recipient Committee**

**Statement Type**

☐ Initial

☐ Amendment

☒ Termination – See Part 5

☐ Not yet qualified  
or

☐ Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee  
(If amending to provide this date)

7 / 28 / 20

Date of termination

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

*Indexed*

*8/14/20 #4*

**1. Committee Information**

**I.D. Number** (if applicable)

1334106

NAME OF COMMITTEE

Julian Gold M.D. for City Council (2020)

STREET ADDRESS (NO P.O. BOX)

c/o FTA Events, 280 So. Beverly Drive, Ste. 302

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Beverly Hills

CA

90212

(310) 288-0517

MAILING ADDRESS (IF DIFFERENT)

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

goldjmd@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles

Beverly Hills

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Howard S. Fisher

STREET ADDRESS (NO P.O. BOX)

9401 Wilshire Blvd. #1250

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Beverly Hills

CA

90212

(310) 553-2000

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**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 7/30/20

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/30/20

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (May/2017)

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

www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 2

COMMITTEE NAME

Julian Gold for City Council (2020)

I.D. NUMBER

1334106

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of America	(310) 777-2746 & (424) 332 1400	0002 4577 8837	
ADDRESS	CITY	STATE	ZIP CODE
468 N. Beverly Dr.	Beverly Hills	CA	90210

## 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."
- 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Julian Gold M.D.	City Council	2020	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

### 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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>