

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b>  Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b>  Date of termination _____/_____/_____
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Date Stamp  
 BEVERLY HILLS CITY CLERK  
 2022 FEB 17 AM 10:10

**CALIFORNIA FORM 410**  
 For Official Use Only  
*indexed*  
*2/17/22 HA ✓*

1. Committee Information				I.D. Number				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Darian Bojeaux for Beverly Hills City Council 2022</b>				NAME OF TREASURER <b>Darian Bojeaux</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Beverly Hills</b>		STATE <b>CA</b>		ZIP CODE <b>90210</b>		AREA CODE/PHONE [REDACTED]	
CITY <b>Beverly Hills</b>		STATE <b>CA</b>		ZIP CODE <b>90210</b>		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>bojeaux@gmail.com</b>				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>Los Angeles</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Beverly Hills</b>		CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>				CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			

**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 2/14/22 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2  
I.D. NUMBER

COMMITTEE NAME Darian Bojeaux for Beverly Hills City Council 2022
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**All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 9354 Wilshire Boulevard	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 9354 Wilshire Boulevard	CITY Beverly Hills	STATE CA
		ZIP CODE 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." 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Darian Bojeaux	Councilmember for City of Beverly Hills	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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