

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

*P19*

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

*1388561*

*indexed  
10/27/16  
LW*

*Beverly Hills*

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of California	RECEIVED For Official Use Only LOS ANGELES COUNTY
<b>AUG 11 2016</b>	<b>AUG 23 AM 10:52</b>
	<b>CAMPAIGN FINANCE</b>

**1. Committee Information**

NAME OF COMMITTEE

Nancy Krasne for City Council 2017

STREET ADDRESS (NO P.O. BOX)

917 Oxford Way

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA 90210 (310)498-1010

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

Nancy@Krasne.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Beverly Hills

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Bill Neiman

STREET ADDRESS (NO P.O. BOX)

9440 Santa Monica Boulevard, ste 610

CITY STATE ZIP CODE AREA CODE/PHONE  
Beverly Hills CA 90210 (310)786-2100

NAME OF ASSISTANT TREASURER, IF ANY

Nancy Krasne

STREET ADDRESS (NO P.O. BOX)

9440 Santa Monica Boulevard, ste 610

CITY STATE ZIP CODE AREA CODE/PHONE  
Beverly Hills CA 90210 (310)786-2100

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 08/08/2016 By *Bill Neiman*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/08/2016 By *Nancy H. Krasne*  
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

RECEIVED  
CITY OF BEVERLY HILLS  
2016 OCT 27 P 3  
CITY CLERK'S OFFICE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Nancy Krasne for City Council 2017

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (310)550-1237	BANK ACCOUNT NUMBER 3609964559
ADDRESS 9600 Santa Monica Boulevard	CITY Beverly Hills	STATE ZIP CODE 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
Nancy Krasne	Beverly Hills City Council	2017	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>