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 CITY OF BEVERLY HILLS
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**Recipient Committee
 Campaign Statement
 Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>9</u>
	For Official Use Only <i>indexed pp 2/24/17</i>

Statement covers period from <u>1/22/2017</u> through <u>2/18/2017</u>	Date of election if applicable: (Month, Day, Year) <u>3/7/2017</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<small>(Also Complete Part 4)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<small>(Also Complete Part 4)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1391104

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2017

STREET ADDRESS (NO P.O. BOX)
369 SOUTH DOHENY DRIVE, #303

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>BEVERLY HILLS</u>	<u>CA</u>	<u>90211</u>	<u>(310)890-8403</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(310)277-0329 stevesueda@aol.com

Treasurer(s)

NAME OF TREASURER
SAMUEL VARON

MAILING ADDRESS
1055 W. 7TH STREET, SUITE 1750

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LOS ANGELES</u>	<u>CA</u>	<u>90017</u>	<u>(213)622-8818</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(213)629-3545 samvaron64@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/24/2017
Date

Executed on 2/24/2017
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>9</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
VERA MARKOWITZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MEMBER OF BEVERLY CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
369 SOUTH DOHENY DRIVE, #303 BEVERLY HILLS, CA 90211

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	ID. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	ID. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
VERA MARKOWITZ	CITY COUNCIL	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/22/2017</u>	CALIFORNIA FORM 460
through <u>2/18/2017</u>	
Page <u>3</u> of <u>9</u>	
I.D. NUMBER 1391104	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 3,230	\$ 4,812
2. Loans Received..... Schedule B, Line 3	20,071	20,071
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 23,301	\$ 24,883
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 23,301	\$ 24,883

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 4,920	\$ 7,157
7. Loans Made..... Schedule H, Line 3	20,071	20,071
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 23,780	\$ 27,228
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule G, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 23,780	\$ 39,378

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2,812
13. Cash Receipts..... Column A, Line 3 above	3,230
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	4,920
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,122

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 20,071
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 1,122
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 20,071

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/22/2017</u>	CALIFORNIA 460 FORM
through <u>2/18/2017</u>	
Page <u>4</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017

I.D. NUMBER

1391104

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/27/2017	Roslayn S. Klein 221 S. Clark Dr. Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	100	100	
1/27/2017	William A Shaw 425 S Beverly Drive Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	450	450	
1/27/2017	Iris Assil 3172 S. Barrington Ave., #101 Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor	450	450	
1/27/2017	Abraham Assil 3172 S. Barrington Ave., #101 Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer	450	450	
2/1/2017	Lisa Bonbright 8733 W. Sunset Blvd., Suite 205 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	250	250	
SUBTOTAL \$				1,700		

Schedule A Summary

1. Amount received this period – Itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 3,130
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 100
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 3,230

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/22/2017</u> through <u>2/18/2017</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>9</u>

NAME OF FILER VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017	I.D. NUMBER 1391104
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2017	Daniel Farkas 3301 W. Beverly Blvd. Montebello, CA 90840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	180	180	
02/1/2017	Leona Katz 10815 Lindbrook Dr. Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	200	200	
02/2/2017	Evan Cohen 519 N. Alpine Dr Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	150	150	
02/02/2017	Helen Sassover 620 N. Alpine Dr. Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	450	450	
02/02/2017	Hart Cohen 519 N. Alpine Dr. Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neurologist	450	450	
SUBTOTAL \$				1,430		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>1/22/2017</u> through <u>2/18/2017</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>9</u>
I.D. NUMBER 1391104	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(b) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(c) AMOUNT RECEIVED THIS PERIOD	(d) AMOUNT PAID OR FORGIVEN THIS PERIOD*		(e) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(f) INTEREST PAID THIS PERIOD	(g) ORIGINAL AMOUNT OF LOAN	(h) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
VERA MARKOWITZ <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 11,358	\$ 20,071	\$ 31,429		\$ 31,429	0 % RATE	VAR DATE INCURRED	CALENDAR YEAR \$ 31,429 PER ELECTION** \$ 31,429
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$		\$	% RATE	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$		\$	% RATE	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	\$ 20,071	\$		\$ 31,429	\$	0	

Schedule B Summary

- (Enter (e) on Schedule E, Line 3)
- Loans received this period\$ 20,071
(Total Column (b) plus unitemized loans of less than \$100.)
 - Loans paid or forgiven this period\$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
 - Net change this period. (Subtract Line 2 from Line 1.)NET \$ 20,071
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>1/22/2017</u> through <u>2/18/2017</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>9</u>
I.C. NUMBER 1391104	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SEE SUPPLEMENTAL SCHEDULE ATTACHED - CASH			4,920
SEE SUPPLEMENTAL SCHEDULE ATTACHED - FROM LOAN			20,071

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 24,991

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 24,991
2. Unitemized payments made this period of under \$100.....	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 24,991

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017
SUPPLEMENTAL SCHEDULE - FORM 460 SCHEDULE E
STATEMENT PERIOD COVERED FROM 1/22/2017 TO 2/18/2017

<u>Type</u>	<u>Date</u>	<u>Name of Payee</u>	<u>Code</u>	<u>Description of Payment</u>	<u>Amount</u>
Check	1/24/2017	Staples	OFC	Office Supplies	34.79
Check	1/24/2017	Idezzine Corporation	CNS	Consulting	250.00
	1/24/2017	Beverly Hills Press	LIT	Advertising	1,211.25
Check	1/25/2017	Paperless Post	WEB	Social Media	42.00
Check	1/26/2017	Park Labrea News	LIT	Advertising	570.00
Check	1/31/2017	Fedex Office	LIT	Advertising	66.20
Check	2/2/2017	Beverly Hills Courier	LIT	Advertising	1,373.00
Check	2/6/2017	Beverly Hills Courier	LIT	Advertising	1,373.00
TOTAL CASH EXPENDITURES					<u>\$ 4,920.24</u>

VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL - 2017
 SUPPLEMENTAL SCHEDULE - FORM 460 SCHEDULE ~~6~~
 STATEMENT PERIOD COVERED FROM 1/22/2017 TO 2/18/2017

<u>Type</u>	<u>Date</u>	<u>Name of Payee</u>	<u>Code</u>	<u>Description of Payment</u>	<u>Debit</u>
Loan	1/22/2017	S13Group	CNS	Consulting Field Team	3,125.00
Loan	2/13/2017	S13Group	CNS	Consulting Field Team	5,327.58
Loan	2/1/2017	Joe Perez	LIT	Advertising Mailer & Printing	9,159.00
Loan	2/7/2017	Ford Printing & Mailing	LIT	Printing Mailer	2,459.54
TOTAL LOAN EXPENDITURES					<u>20,071.12</u>