Campaign Statement Cover Page			JAN 7 PM 240	CALIFORNIA 460 FORM Page 1 of 17
	Statement covers period from July 1, 2021	Date of election if applicable: (Month, Day, Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through December 31, 2021		8EU HII. 2022	enlaced 1/7/22
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Abo Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t □ S ermination)	uarterly Statement pecial Odd-Year Report
3. Committee information	D. NUMBER 152483	Treasurer(s)		
Save Beverly Hills STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Darian Bojeaux MAILING ADDRESS CITY	STATE ZII	P CODE AREA CODE/PHONE
	27 - E	Beverly Hills		0210
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	ER, IF ANY	
Beverly Hills CA 9021 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZII	P CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
Info@SaveBeverlyHills.org		bojeaux@earthlink.net		
4. Verification	ng this statement and to the best of make		herein and in the attached	schedules is true and complete. I
certify under penalty of perjury under the laws of the State of Executed on	Ву	Signature of Treasurer or Assistantilling Officeholder, Condidate, State Measure Pr		ponsor

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

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	<u>17</u>

Officeholder or Candidate Controlled Commi	ttee	6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE	· · · · · · · · · · · · · · · · · · ·		NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candidate,	or state measure pro	ponent, if any.		
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PROP	ONENT			
Related Committees Not included in this Star not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY		
COMMITTEE NAME	I.D. NUMBER				<u>L</u>			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officehol	der Committee in interest in i	List names of ned.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	SUPPORT OPPOSE		
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	D SUPPORT OPPOSE		
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	SUPPORT OPPOSE		
	·			<u>L</u>				
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuation sh	eets if necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2021 CALIFORNIA 460

through December 31, 2021 Page 3 of 17

SEE INSTRUCTIONS ON REVERSE		through _		Page ti
NAME OF FILER				I.D. NUMBER
Save Beverly Hills				752483
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the General Elections	mary for Candidates s State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 465.77 0 \$ 465.77 8,600.00 9,065.77	\$ 5,315.48 0 \$ 5,315.48 18,600.00 \$ 23,915.48		\$\$
Expenditures Made 6. Payments Made	\$ 495.19 0 \$ 495.19 0 0 0 495.19	\$ 3,308.46 0 \$ 3,308.46 0 0 3,308.46		Summary for State /** Expenditures Made* Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance Previous Summery Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0 465.77 0 495.19 \$ 2,007.02 \$ 0 \$ 0	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).	reported in Column B.	snay be different from amounts FPPC Form 450 (Jan/2016)
			FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	A		its may be rounded			SCHEDULE A		
Monetary	Contributions Received	to	whole dollars.	Statement cov from July 1, 2021	1.0000000000000000000000000000000000000	CAL	orm 460	
SEE INSTRUCTI	ONS ON REVERSE			through Decemb	er 31, 2021	Page	4 of 17	
NAME OF FILER Save Beverly						1.D. N 75248	UMBER 3	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\)	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/1/21 to 12/1/21	Darian Bojeaux Beverly Hills, CA 90210	DIND COM OTH PTY SCC	Attorney, self-employed Law Offices of Darian Bojeaux.	\$465.77	\$1,315.48			
		□IND □COM □OTH □PTY □SCC						
		OIND COM OTH PTY SCC						
		OTH SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 465.77	55美数			
Amount re (Include a Amount re	A Summary acceived this period – itemized monetary contributions Il Schedule A subtotals.) acceived this period – unitemized monetary contributions etary contributions received this period.		\$	55.77	OTH PTY	(other I – Other – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	1.)TOTAL \$ 46	55.77		FPI	PC Form 460 (Jan/2016))	

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

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from July 1, 2021 **FORM** Page _5 through December 31, 2021 I.D. NUMBER NAME OF FILER Save Beverly Hills 752483 **CUMULATIVE TO DATE** FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER **AMOUNT PER ELECTION** CONTRIBUTOR DATE OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) RECEIVED PERIOD (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN. 1 - DEC. 31) Псом Потн □ PTY □ scc ☐ IND □сом □отн **□** PTY □ scc □сом □отн **□** PTY □ scc □сом □отн □ PTY □scc

SUBTOTAL \$ 0

□IND
□COM
□OTH
□PTY
□SCC

*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

	Δ	ounts may be roi	unded				SCHEE	ULE B - PART 1
Schedule B – Part 1	Alli	Statement cove	ers period	CALIFORN	11A 460			
Loans Received					from July 1, 2021		FORM	··· 400
SEE INSTRUCTIONS ON REVERSE					through Decemb	er 31, 2021	Page 6	of_17
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·				I.D. NUMBER	
Save Beverly Hills							752483	
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(0) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
None				\$	_ \$	×	s	s
	-			☐ FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	s	s	DATE DUE	s	DATE INCURRED	s
				PAID			 	CALENDAR YEAR
				s	_ \$	×	s	s
				FORGIVEN		RATE	ļ	PER ELECTION**
TO IND COM OTH PTY SCC		s	\$	\$	DATE DUE	•	DATE INCURRED	,
				☐ PAID				CALENDAR YEAR
				s	_ \$		s	\$
				☐ FORGIVEN		RATE		PER ELECTION**
				١.		١.		
TO IND COM OTH PTY SCC		•——	·	`	DATE DUE	-	DATE INCURRED	,
	<u> </u>	SUBTOTALS	0 9	\$ 0	\$ 0	\$ 0		
0-1						(Enter (e) on Scho	dule E, Line 3)	
Schedule B Summary				_ 0				
 Loans received this period (Total Column (b) plus unitemized loar 		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	\$				
2. Loans paid or forgiven this period				s 0			Contributor Codes	;
(Total Column (c) plus loans under \$10						1 .	ND – Individual COM – Recipient C	Committee
(Include loans paid by a third party tha	it are also itemized on Sche	edule A.)		Λ			(other than	PTY or SCC)
3. Net change this period. (Subtract Lin			•••••	.NET \$ _			OTH – Other (e.g., PTY – Political Par	
Enter the net here and on the Summa	ry Page, Column A, Line 2.						SCC - Small Contr	
				1	(May be a negative number)			
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.)						

** If required.

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from July 1, 2021		FORM 40		
SEE INSTRUCTIONS ON REVERSE				through _	December 31, 202	Page 7	of	
NAME OF FILER Save Beverly Hills			·			1.D. NUMBER 752483	1	
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
None	□IND □COM		LENDER		0	CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□ IND		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER			CALENDAR YEAR		
	OTH		DATE	10.000		PER ELECTION (IF REQUIRED)		

Enter on Summary Page, Line 17 only.

SUBTOTAL \$ 0

Schedu	le C		Amounts may be rounded to whole dollars.				SCHEDULE C		
Nonmoi	netary Contributions Received		to whole dollars.			Statement covers p	period	CALIFORNIA 460	
					fron	July 1, 2021		FOI	RM 400
SEE INSTRUC	TIONS ON REVERSE				thro	December 3	1, 2021	Page 8	of
NAME OF FILE	R							I.D. NUME	BER
Save Beverl	y Hills							752483	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
7/1/21- 12/31/21 Darian Bojeaux Beverly Hills, CA 90210		IND COM OTH PTY SCC	Attorney, self-employed, Law Offices of Darian Bojeaux	Legal services i zoning litigation against city		\$8,600.00	\$18,600.00		
		OTH SCC							
		OTH SCC							
		□IND □COM □OTH □PTY □SCC		a					
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL:	\$ 8,600.00			
Schedul	e C Summary		100				(*Cor	ntributor Co	des
	received this period – itemized nonmonetar all Schedule C subtotals.)				\$_	8,600.00	1,000,000		nt Committee
2. Amount	received this period – unitemized nonmone	tary contribut	ions of less than \$100		\$_	0	PTY	- Other (e.	.g., business entity)
	nmonetary contributions received this period les 1 and 2. Enter here and on the Summar		nn A, Lines 4 and 10.)	тота	AL \$_	8,600.00	_		

Save Beverty Hills Date NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Monetary Contributi	of 17
Save Beverty Hills DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Monetary Contri	₹
DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE None Non	PER ELECTION
None Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Nonmonetary Contribution Independent Expenditure	TO DATE (IF REQUIRED)
Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Support Oppose Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Independent Independent Independent Independent Independent Independent Independent	
Support Oppose Expenditure Monetary Contribution	
Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Nonmonetary Contribution Independent	
Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent	
Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent	
☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	
Contribution Independent	
Support Oppose Expenditure	
SUBTOTAL \$ 0	
Schedule D Summary	
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)\$	
2. Unitemized contributions and independent expenditures made this period of under \$100\$	

Summar Supporti Candidat	Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Save Beverly Hills		e rounded ollars.	Statement cover from July 1, 2021 through December	SCHEDULE D (CONT. CALIFORNIA 460 FORM Page 10 of 17 I.D. NUMBER 752483		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -		PER ELECTION TO DATE (IF REQUIRED)
	None Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Independent Independent Independent Independent Independent Independent Independent		0			
	Support Oppose	Expenditure	SUBTOTAL	\$ 0		See The See See	

						SCHEDULE	
Schedule E	Amounts may be to whole do			Statement covers period	CALIF	ORNIA 460	
Payments Made				from July 1, 2021	FO	RM TOO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Save Beverly Hills				through December 31, 2021	Page I.D. NUM 75248		
CODES: If one of the following codes accurately describ CMP campaign paraphemaila/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circui PHO phone banks POL polling and st POS postage, deliv PRO professional st PRT print ads	munications I appearances es ating urvey research very and mess	i enger services	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production radio artime and productions TRS staff/spouse travel, lodging, and travel, lodging, and transfer between committees voter registration WEB information technology costs	uction cost d meals and meals of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DES	CRIPTION OF PAYMENT		AMOUNT PAID	
Greenfiling.com for Los Angeles Superior Court, and LACourtCo 111 North HIll Street, Los Angeles, CA 90012		Filing fees and vid		\$119.40			
Court Reporters Cindy Cameron and Rosie Samples 111 North Hill Street, Los Angeles, CA 90012			Court transcripts			\$306.00	
Google.com/Google LLC	Œ	WEB				\$29.42	
* Payments that are contributions or independent expenditures must also I	be summarized on Sche	dule D.	<u> </u>	su	BTOTAL	\$ 454.82	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)			***************************************	\$_	495.19	
2. Unitemized payments made this period of under \$100						<u> </u>	
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Par	t 1, Column	ı (e).)	***************************************	\$_	0	
4. Total payments made this period. (Add Lines 1, 2, and 3.						495.19	

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				- 1 **	Statement covers period July 1, 2021	CALIFO	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		- 2			1	hrough December 31, 2021	Page		
Save Beverly Hills							752483	DER	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic denations FIL candidate filling/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circuit phone banks polling and si postage, delin	munications I appearance es lating urvey researd very and mes	5	F F F T T T T T T T	RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration information technology cost	n costs duction costs and meals , and meals es of the sem	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCR	IPTION OF PAYMENT		AMOUNT PAID	
FedEx Office 9334 Wilshire Boulevard, Beverly Hills, CA 90212			OFC					\$15.37	
S. Ibarra Beverly Hills, CA 90210			OFC					\$15.00	
Parking Concepts, Inc. 130 North Hill Street, Los Angeles, CA 90012				Parking				\$10.00	

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement coverage from July 1, 2021	•	CALIF FO	ORNIA 460	
			through Decemb	er 31, 2021	Page _	13 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Save Beverly Hills					I.D. NUA 75248	MBER
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL postage, delivery and n PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate travi TRS staff/spouse Transfer betwee VOT voter registratis	nd production ex butions kers' salaries time and producel, lodging, and cavel, lodging, and cavel, committees of	ction costs meals d meals of the same	e candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IP COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT I THIS PER (ALSO REPOR	CO	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None		o	o	0		0
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$	3 0
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized accrued expenses of \$100 or more.)	schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTA	ALS\$_	0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized)	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	ALS\$_	0
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	l			NETS (0
						lay be a negative number C Form 460 (Jan/2016))

Schedule F	Amounts may be rounded	SCHEDULE F (CONT.)				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from _July 1, 2021	california 460			
,		through December 31, 2021	Page 14 of 17			
NAME OF FILER			I.D. NUMBER			
Save Beverly Hills			752483			
CODES: If one of the following codes accurately des	scribes the navment you may enter the code Othe	nuise describe the navment				

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 PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research 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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None		0	0	0	0
		·			
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Scheaule G								SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amour to	nts may be ro whole dollar		fron	tatement covers p July 1, 2021	eriod	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				thro	ugh December 3	1, 2021	Page 15	of
NAME OF FILER					·		I.D. NUMBE	R
Save Beverly Hills							752483	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							702105	
None								
CODES: If one of the following codes accurately describes	s the payment.	you may e	nter the code. (Otherwise,	describe the pa	ayment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	POS postage, de PRO professiona PRT print ads	nd appearance nees sulating to survey resear all services (leg	es	RFD SAL TEL TRC TRS TSF VOT	radio airtime and pr returned contributio campaign workers' t.v. or cable airtime candidate travel, los staff/spouse travel, transfer between or voter registration information technol	ns salaries and produc iging, and n lodging, and mmittees o	ition costs neals d meals f the same ca	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (OR I	DESCRIPTIO	N OF PAYMENT			AMOUNT PAID
None								0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the egent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement cove	•	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through Decemb	er 31, 202i	Page <u>16</u>	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Save Beverly Hills							752483	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
None				PAID	s	%	\$	CALENDAR YEAR
		s	s	FORGIVEN		\$		PER ELECTION
		-			DATE DUE		DATE INCURRED	<u> </u>
				☐ PAID				CALENDAR YEAR
				S	s	RATE	s	\$PER ELECTION
		\$	s	s	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also be	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0			
Loans made this period(Total Column (b) plus unitemized loans Payments received on loans	s of less than \$100.)				\$			**If Required
(Total Column (c) plus uniternized payr 3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa	nents of less than \$100.) 2 from Line 1.)				0			
/Eure, me ner nere and on me Samme	ry rage, Column A, Ellie 7.)	<i>!</i>						

(May be a negative number)

Schedule I Miscellaneous Increases to Cash							
				nt covers period	CALIFORNIA 460		
			from July	1, 2021	FORW		
SEE INSTRUCTIO	ONS ON REVERSE		through_E	ecember 31, 2021	Page 17 of 17		
NAME OF FILER					I.D. NUMBER		
Save Beverly H	Hills				752483		
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF R	ECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER LD. NUMBER)				INCREASE TO CASH		
	None						
	tional information on appropriately labeled continuation sheets.			SUBTOTAL	.\$ 0		
	Summary		-	s ⁰			
	creases to cash this period			<u> </u>	-		
	d increases to cash of under \$100 this period			\$	-		
3. Total of all	interest received this period on loans made to others. (Sche	dule H, Column (e).)	••••••••••	\$	_		
4. Total misce Summary F	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	3. Enter here and on the	TOTAL	\$	FPPC Form 460 (Jan/2016))		
•	·			FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772)		

www.fppc.ca.gov