

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

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

1391104

Beverly Hills

R 19

Date Stamp	CALIFORNIA FORM 410
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	LOS ANGELES COUNTY

1. Committee Information

NAME OF 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

BEVERLY HILLS, CA 90211 (310)890-8403

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(310)277-0329 stevesueda@aol.com

COUNTY OF DOMICILE

LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE

BEVERLY HILLS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SAMUEL VARON

STREET ADDRESS (NO P.O. BOX)

1055 W. 7TH STREET, #1750

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90017 (213)622-8816

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

Indexed 10/27/16
LBR

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 9/13/2016 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 9/13/2016 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ 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 VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION EARLY SUBMISSION - NOT YET QUALIFIED	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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
VERA MARKOWITZ	Member of 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"/>