

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED CITY OF BEVERLY HILLS 2017 JAN 27 P 2:47 CITY CLERK'S OFFICE	Page <u>1</u> of <u>7</u>  For Official Use Only <i>Indexed</i> <i>1/27/17</i>

Statement covers period from <u>July 1, 2016</u>  through <u>December 31, 2016</u>	Date of election if applicable: (Month, Day, Year)  <u>March 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 checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
**1390903**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Eliot Finkel for City Council (2017)

STREET ADDRESS (NO P.O. BOX)

9100 Wilshire Boulevard, Ste. 530-East

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA 90211 (310)271-2521

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

efinkel@efinvest.com

**Treasurer(s)**

NAME OF TREASURER

Daniel M. Yukelson

MAILING ADDRESS

9560 1/2 West Olympic Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA 90212 (310)203-9909

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

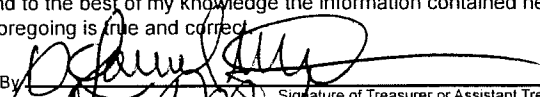
OPTIONAL: FAX / E-MAIL ADDRESS

danyukelson@gmail.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 January 26, 2017  
Date

By   
Signature of Treasurer or Assistant Treasurer

Executed on January 26, 2017  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Eliot Finkel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council of Beverly Hills

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
9100 Wilshire Boulevard, Ste. 530-E 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	I.D. 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	I.D. 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 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
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>July 1, 2016</u> through <u>December 31, 2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>7</u>
	I.D. NUMBER 1390903

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Eliot Finkel for City Council (2017)

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>3,450</u>	\$ <u>3,450</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	\$ <u>25,100</u>	\$ <u>25,100</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>28,550</u>	\$ <u>28,550</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>28,550</u>	\$ <u>28,550</u>

## 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	\$ <u>3,450</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>5,963</u>	\$ <u>0</u>

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>5,963</u>	\$ <u>5,963</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>5,963</u>	\$ <u>5,963</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>5,963</u>	\$ <u>5,963</u>

## 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
____/____/____	\$ <u>n/a</u>
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$ <u>28,550</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	\$ <u>5,963</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>22,587</u>

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

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.

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>22,587</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>25,100</u>

Schedule A  
 Monetary Contributions Received

Type or print in ink.  
 Amounts may be rounded  
 whole dollars

Statement covers period from <u>July 1, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

Friends of Eliot Finkel for Beverly Hills City Council (2017)											I.D. NUMBER 1390903	
DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)						CONTRIB. CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ETNER NAME OF BUSINESS)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	First Name	Last Name	Street	City	Zip		Occupation	Employer (If Applic.)				
11/4/16	Max	Finkel	20743 de Forest Street	Woodland Hills	91364	IND	Retired	Retired	\$450.00		\$450.00	
11/4/16	Betty	Finkel	20743 de Forest Street	Woodland Hills	91364	IND	Retired	Retired	\$450.00		\$450.00	
11/4/16	Fern	Seizer	257 South Rodeo Drive	Beverly Hills	90210	IND	Retired	Retired	\$450.00		\$450.00	
11/4/16	Leona	Katz	433 North Camden Drive	Beverly Hills	90210	IND	Attorney	Self Employed	\$250.00		\$250.00	
11/4/16	Mark	Egerman	610 North Oakhurst Drive	Beverly Hills	90210	IND	Attorney	Self Employed	\$450.00		\$450.00	
11/4/16	Lynn	Egerman	610 North Oakhurst Drive	Beverly Hills	90210	IND	Physician	Self Employed	\$450.00		\$450.00	
11/16/16	Bob	Seizer	257 South Rodeo Drive	Beverly Hills	90210	IND	Retired	Retired	\$450.00		\$450.00	
12/21/16	Marvin	Hoffman	116 Ketch Mall	Marina Del Rey	90292	IND	Retired	Retired	\$250.00		\$250.00	
12/21/16	Deanna	Hoffman	116 Ketch Mall	Marina Del Rey	90292	IND	Retired	Retired	\$250.00		\$250.00	

Schedule A  
 Monetary Contributions Received

Type or print in ink.  
 Amounts may be rounded  
 whole dollars

Statement covers period from July 1, 2016 through December 31, 2016	CALIFORNIA FORM <b>460</b> Page <u>5</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

Friends of Eliot Finkel for Beverly Hills City Council (2017)						I.D. NUMBER 1390903	
DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIB. CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ETNER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	First Name      Last Name      Street      City      Zip		Occupation      Employer (If Applic.)				
<b>SUBTOTALS</b>				<b>\$3,450.00</b>			

**SCHEDULE A SUMMARY**

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$3,450.00</u>
2. Amount received this period - unitemized monetary contributions of less than \$100.....	<u>\$0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<u><b>\$3,450.00</b></u>

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 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.

Statement covers period
from July 1, 2016
through December 31, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Eliot Finkel for City Council (2017)

Page of

I.D. NUMBER

1390903

Table with 9 columns: FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER; IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER; (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD; (b) AMOUNT RECEIVED THIS PERIOD; (c) AMOUNT PAID OR FORGIVEN THIS PERIOD; (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD; (e) INTEREST PAID THIS PERIOD; (f) ORIGINAL AMOUNT OF LOAN; (g) CUMULATIVE CONTRIBUTIONS TO DATE. Includes rows for Eliot Finkel with loan details and a SUBTOTALS row.

Schedule B Summary

- 1. Loans received this period \$ 25,100
2. Loans paid or forgiven this period \$ 0
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 25,100

†Contributor Codes
IND – Individual
COM – Recipient Committee
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

Type or print in ink.

Amounts may be rounded  
whole dollars

Statement covers period from July 1, 2016	CALIFORNIA FORM <b>460</b>
through December 31, 2016	
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SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER  
1390903

Friends of Eliot Finkel for 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 aparances                    | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulation                      | 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 trave, 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	AMOUNT PAID
KBC Mailing 7526 Case Avenue, Sun Valley, CA	LIT		\$850
U.S Postal Service	POS		\$1,165
Pettet Printing 18888 La Tuna Canyon Road, Sun Valley, CA	LIT		\$2,398
Dakota Communications 800 Wilshire Blvd., Los Angeles, CA	CMP		\$1,500

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

**SUBTOTAL** \$5,913

**SCHEDULE E SUMMARY**

1. Itemized payments made this period. (Include all Schedule E Subtotals).....	\$5,913
2. Unitemized payments made this period of under \$100.....	\$50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0
4. Total payments made this period. (add Lines 1,2,3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$5,963</b>