Recipient Committee

Campaign Statement Cover Page			Francis Angeles Control of the Contr	FORM 460
	Statement covers period from January 1, 2020	Date of election if applicable: (Month, Day, Year)	A Tay of the second sec	Page 1 of 6 For Official Use Only M dexed 1/24/2020
SEE INSTRUCTIONS ON REVERSE	through January 18, 2020	March 3, 2020	confinite Confin	Marked 1/04/2020
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	0-45	
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central 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 Termination) ☐ Amendment (Explain below)	□ s _t	uarterty Statement pecial Odd-Year Report
3. Committee Information	I.D. NUMBER 1334106	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Julian Gold M.D. for City Council (2020)		Howard S. Fisher		
		MAILING ADDRESS 9401 Wilshire Blvd. #1250		
STREET ADDRESS (NO P.O. BOX)		CITY		CODE AREA CODE/PHONE
c/o FTA Events, 280 S. Beverly Dr. Ste. 302		Beverly Hills		212 (310)553-2000
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER, IF A	NY	
Beverly Hills CA 902 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	12 (310)288-0663	MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F.O. BOX		MALING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
julian@goldforbeverlyhills.com		J. 11010 II. 1101 II. 1101 II. 1201 II.		
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	By Signature of Cohing	Richard of Treasurer or Assistant Treasuring Officeholder, Candidate, State Measure Proponenting atture of Controlling Officeholder, Candidate, State Measure Proponenting Officeholder, Candidate, State Measure Proponenting	rer t or Responsible Officer of Spa	
Executed on	Ву			
Date	-, <u> </u>	Ignature of Controlling Officeholder, Candidate, State M	easure Proponent	FPPC Form 460 (Jan/2016
	/		FDDC & dideas	777. 3773 (1666) 277. 3773

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	RPAGE	= - PA	KIZ
CALIF	ORN	IA /	16	\mathbf{a}
	ORM	2	10	4
Page _	2	_ of _	6	_

City Council of Beverly Hills RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 280 S. Beverly Dr. Ste. 302 Beverly Hills CA 90212 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? YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE SUP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE SUP CODE STATE SUP CODE OFFICE SOUGHT OR HELD OFFICE SO	JURISDICTION SUPPORT OPPOSE ficeholder, candidate, or state measure proponent, if any. CANDIDATE, OR PROPONENT
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 280 S. Beverly Dr. Ste. 302 Beverly Hills CA 90212 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 T. Primarily Formed Candidate/Officeholder Committee List names officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE BALLOT NO. OR LETTER JURISDICTION SUPPOR DISTRICT NO. IF ANY	ficeholder, candidate, or state measure proponent, if any.
City Council of Beverly Hills RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 280 S. Beverly Dr. Ste. 302 Beverly Hills CA 90212 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 NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	ficeholder, candidate, or state measure proponent, if any.
City Council of Beverly Hills RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 280 S. Beverly Dr. Ste. 302 Beverly Hills CA 90212 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 CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Identify the controlling officeholder, candidate, or state measure proponent, if NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	ficeholder, candidate, or state measure proponent, if any. CANDIDATE, OR PROPONENT
Identify the controlling officeholder, candidate, or state measure proponent, if NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT 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	ANDIDATE, OR PROPONENT
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 T. Primarily Formed Candidate/Officeholder Committee List names officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE	ANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER 7. Primarily Formed Candidate/Officeholder Committee List names officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE AREA CODE/PHONE	DISTRICT NO. II ANT
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 7. Primarily Formed Candidate/Officeholder Committee List names officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE AREA CODE/PHONE	
NAME OF TREASURER CONTROLLED COMMITTEE? Officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	
NAME OF TREASURER CONTROLLED COMMITTEE? Officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	did to Office bolder Committee / income
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE STATE ZIP CODE OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STATE ZIP CODE OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	e(s) for which this committee is primarily formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	
	SUPPORT OPPOSE
	R CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	R CANDIDATE OFFICE SOUGHT OR HELD
	SUPPORT OPPOSE
	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	☐ OPPOSE
CONNECTED ADDRESS (NO.13.337)	
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** January 1, 2020 **FORM** from 3 January 18, 2020 Page ___ through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1334106 Julian Gold M.D. for City Council (2020)

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions	\$ 17,459 0	\$ \frac{17,459}{0} \\	20. Contributions Received \$ 17,459 \$ 0 21. Expenditures Made \$ 9,881 \$ 0
Expenditures Made 6. Payments Made	\$ 9,881 0 0	\$ 9,881 0 \$ 9,881 0 0 0 9,881	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) / \$n/a
Current Cash Statement 12. Beginning Cash Balance	\$ \(\frac{17,459}{0} \) \(\frac{9}{9,881} \) \(\frac{10,798}{0} \) \(\frac{0}{3} \) \(\frac{10,798}{3} \)	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

List All Receipts > \$100 Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded whole dollars

SEE INSTRUCTIONS ON REVERSE

DATE	THE MAKE CTO	ET ADDDECC & 710	CODE OF CONTRIBUOR (IF COMMITTE	E ALSO ENTED ID NIII	MDED)		CONTRIB.	I IE AN INDIVIDUAL E	NTER OCCUPATION	AMOUNT	CUMULATIVE TO	PER ELECTION TO
DATE RECEIVED	FULL NAME, STRE	E I ADDRESS & ZIF	CODE OF CONTRIBUOR (IF COMMITTE	E, ALSO ENTER I.D. NO	VIDER)		CODE *	AND EMPLOYER (I		RECEIVED		DATE (IF REQUIRED)
REGENTED									OF BUSINESS)	THIS PERIOD	YEAR (JAN. 1 -	
				- Cit.	64-4-	Zip Code		Occupation	Employer (If Applic.)		DEC. 31)	
4/2/20	First Name	Last Name Blumenthal	Street 425 N. Maple Dr. #201	City Beverly Hills	State	90210	Ind.	Retailer	Gearv's	\$450.00	\$450.00	\$450.00
1/2/20	Thomas	Gold	211 S, Spalding Dr. #101 S.	Beverly Hills	CA	90212	Ind.	Retired	Ocaly's	\$150.00		\$150.00
1/2/20	Lessing		256 S. Robertson Blvd. #17	Beverly Hills	CA	90212	Ind.	Business Exec.	Carpet Wholesale		¥	\$300.00
1/2/20	Jacob	Manaster	100 Wilshire Blvd. #1600	Santa Monica	CA	90401	OTH	Real Estate	Carpet Wholesale	\$450.00		\$450.00
1/2/20	Rodeo Drive Assoc	1.4	112 Sivat	Palm Desert	CA	92260	Ind.	Students		\$900.00		\$900.00
1/2/20	Kelly and Josh	Massman			CA	90210		Attorney	Self Employeed	\$450.00		\$450.00
1/2/20	Donna	Black Phillips	1130 Tower Rd. 712 N. Roxbury Dr.	Beverly Hills	CA	90210	Ind.	Homemaker	Sell Elliployeed	\$100.00		\$100.00
1/2/20	Nancy			Beverly Hills		90210	Ind.		Self Employeed	\$100.00		\$100.00
1/2/20	Dr. Madison	Richardson	8500 Wilshire Blvd. #908	Beverly Hills	CA		Ind.	Physician		\$100.00		
1/2/20	Dr. Dudley	Danoff	1821 Loma Vista Dr.	Beverly Hills	CA	90210	Ind.	Physician	Self Employeed	\$100.00		
1/2/20	Suzanne	Galen	724 N. Maple Dr.	Beverly Hills	CA	90210	Ind.	Retired	10 14	\$900.00		\$900.00
1/2/20	Nancy and John	Markoff	249 El Camino Dr.	Beverly Hills	CA	90212	Ind.	Stockbroker	J.P. Morgan			\$900.00
1/2/20	Shirley and Richard	Kahn	502 N. Hillcrest Rd.	Beverly Hills	CA	90210	Ind.	Retired		\$900.00		
1/2/20	Mark	Gavens	10463 Le Conte Ave.	Los Angeles	CA	90024	Ind.	Retired		\$200.00		\$200.00
1/5/20	John	Vaughan	656 N. West Knoll Dr.	West Hollywood	CA	90069	Ind.	Attorney	Outcome Health	\$250.00		\$250.00
1/7/20	Shawn	Roofian	344 S. Roxbury Dr.	Beverly Hills	CA	90212		Physician	Self	\$100.00	\$100.00	\$100.00
1/8/20	Adam	Nathanson	10372 Strathmore Dr.	Los Angeles	CA	90024	Ind.	President	Mapleton Investments	\$450.00		
1/10/20	Jeffrey	Levine	260 S. Swall Dr.	Beverly Hills	CA	90211	Ind.	Accountant	Self	\$100.00		\$100.00
1/10/20	llene	Nathan	718 N. Linden Dr.	Beverly Hills	CA	90210	Ind.	Homemaker		\$200.00	\$200.00	\$200.00
1/10/20	Ronald & Lois	Bloom	433 N. Camden Dr. #888	Beverly Hills	CA	90210	Ind.	Industrial Real Estate	Crown Assoc	\$600.00	\$600.00	\$600.00
1/10/20	Laurie	Bloom Harbert	433 N. Camden Dr. #888	Beverly Hills	CA	90210	Ind.	Property Manager	Crown Assoc	\$400.00		
1/10/20	Clifford	Fine	5147 Donna Ave.	Tarzana	CA	91356	Ind,	Retired		\$100.00	\$100.00	\$100.00
1/10/20	Taylor	Megdal	252 S. Beverly Dr.	Beverly Hills	CA	90212	Ind.	Real Estate	Taylor Megdal & Assoc	\$450.00	\$450.00	\$450.00
1/10/20	Alana and Elliot	Megdal	252 S. Beverly Dr.	Beverly Hills	CA	90212	Ind.	Real Estate	Elliot Medgal & Assoc	\$900.00	\$900.00	\$900.00
1/10/20	Blake	Megdal	252 S. Beverly Dr.	Beverly Hills	CA	90212	Ind.	Real Estate	Blake Medgal& Assoc	\$450.00	\$450.00	\$450.00
1/10/20	Carolyn	Mahboubi	9629 Brighton Way	Beverly Hills	CA	90210	Ind.	Life Coach	Self Employed	\$450.00	\$450.00	\$450.00
1/10/20	Minoo and Behrouz	Mahboubi	9629 Brighton Way	Beverly Hills	CA	90210	Ind.	Real Estate	Dominium Realty	\$900.00	\$900.00	\$900.00
1/10/20	Edna and Daryoush	Mahboubi	9629 Brighton Way	Beverly Hills	CA	90210	Ind.	Real Estate	Dominium Realty	\$900.00	\$900.00	\$900.00
1/10/20	Melody and Kamyar	Mahboubi	9629 Brighton Way	Beverly Hills	CA	90210	Ind.	Real Estate	Dominium Realty	\$900.00	\$900.00	\$900.00
1/10/20	Bahador	Mahboubi	9629 Brighton Way	Beverly Hills	CA	90210	Ind.	Real Estate	Dominium Realty	\$450.00	\$450.00	\$450.00
1/10/20	Mr. and Mrs. Nicholas	Bijan	420 N. Rodeo Dr.	Beverly Hills	CA	90210	Ind.	Retailor	Bijan Clothing	\$900.00		\$900.00
1/10/20	Jessica and Gabriel	Frem	240 S. Beverly Dr.	Beverly Hills	CA	90210	Ind.	Restaurateur /Homemaker	Beverly Sweet	\$900.00		\$900.00
1/10/20	Assaad and Sonia	Frem	981 Somera Dr.	Los Angeles	CA	90077	Ind.	Retired		\$900,00	\$900,00	\$900,00
17 10/20	Assert and Some	1 16111	To redilled br.	12007 (1190100	1		1110.		Outsourcing	7555.00	1 2 2 3 3 3	
1/10/20	Adrienne	Lopez	1419 Peerless Place #306	Los Angeles	CA	90035	Ind.	General Manager	Management Concepts	\$450.00	\$450.00	\$450.00
1/10/20	Steve	Ghermezian	419 Campbell St.	Glendale	CA	91203	Ind.	Management	RBS,LLC	\$450.00	\$450.00	\$450.00
11 10/20	JOICAC	Uneillieziali	1-10 Campbell Ot.	Lorondare	10,,	1 0 1200	1110.	1	1	4.00.00	1	7 . 2 0 10 0

List All Receipts > \$100 Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded whole dollars

Statement covers period from January 1, 2020 460
through January 18, 2020 Page of 6

SEE INSTRUCTIONS ON REVERSE

I.D. NONDER

DATE RECEIVED	DATE FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUOR (IF COMMITTEE, ALGO EXTENSION OF CONTRIBUTION OF CONTR						CONTRIB. CODE *	AND EMPLOYER (I	ENTER OCCUPATION F SELF-EMPLOYED, OF BUSINESS)	RECEIVED		PER ELECTION TO DATE (IF REQUIRED)				
			Last Name		treet			City	State	Zip Code		Occupation	Employer (If Applic.)			
1/10/20	Hofite	First Name	Last Name Huddleston	T		everly D	-	Beverly Hills	CA	90212	Ind.	Real Estate	Taylor Megdal & Assoc	\$450.00	\$450.00	\$450.00
				1-10	OFF MARI	abisa Dh	rd. #200	Beverly Hills	CA	90210	Ind.	Investor	Winnick & Co.	\$450.00	\$450.00	\$450.00
1/16/20	Gary		Winnick	Ha	355 VVII	snire biv	u. #200	Deverly Linia	10,1						\$0.00	\$0.00
				\coprod											\$0.00	\$0.00
														ļ	\$0.00	\$0.00
												SUBTOTALS	<u> </u>	\$17,200.00		

THE ACCUMANCE OF THE PROPERTY	_		4
SCHEDULE A SUMMARY	!	* Contributor Codes	!
Amount received this period - itemized monetary contributions.	\$17,200.00	IND - Individual	ŀ
(Include all Schedule A subtotals.).	\$259.00	COM - Recipient Committee	!
2. Amount received this period - unitemized monetary contributions of less than \$100.		OTH - Other (e.g., business entity)	1
3. Total monetary contributions received this period.	\$17,459,00		;
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)		SCC - Small Contributor Committee	i

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded whole dollars

Statement covers period	: CALIFORNIA FORM
om_January 1, 2020	460
rough January 18, 2020	Page <u>6</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER 1334106

Julian Gold M.D. for City Council (2020)

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

CMP campaign paraphernalia/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 communications MTG meetings and aparances

OFC office expenses PET petition circulation

PHO phone banks POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse trave, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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
Pico Party Rents	FND	Rental Kick Off	\$660
13414 S. Figueroa St., Los Angeles, CA 90061	<u> </u>		
Glen McCurty	FND	Staff for Kick Off	\$150.00
5523 Harold Way Apt. 19, Los Angeles, CA 90028 AMAC LLC	CMP	Printing	\$273.19
3545 Lomita Blvd. Ste F, Torrance, CA 90505			
AMAC LLC 3545 Lomita Blvd. Ste F, Torrance, CA 90505	СМР	Printing	\$8,697.65
3545 Lomita Bivd. Ste F, Torrance, GA 30303			
	1		
the state of the s	1 - 4 1 - D	SUBTOTA	AL \$9,780.99

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$9,780.99
SCHEDULE E SUMMARY		\$9,781
Itemized payments made this period. (Include all Schedule E Subtotals)		\$100
Unitemized payments made this period of under \$100		\$0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	TOTAL	\$9,881
Total miterest paid this period of hours. (Enter thinds the Summary Page, Column A, Line 6.) Total payments made this period. (add Lines 1,2,3. Enter here and on the Summary Page, Column A, Line 6.)		