Statement of (Organization					Date Stamp		CALIF	
Recipient Committee				es un		the second s	A RM 410		
Statement Type	🖌 Initial		Amendment	Termination – See Part 5		terring in a second line in a second lin			For Official Use Only
	Not yet qualified					inena (Phy)			
	Or Date qualification t	breshold met	Date qualification threshold met		Date of termination	The second secon		8	in a fall
	C Date quanneation (inesioù net	Date qualification threshold met		Date of termination	Las ¹ ² 1 mmail		Mal	lea the
	///	/	///		///	annual anna an farrana anna an anna an anna an anna an			10/16/2023
1. Committee		D. Number	p		2. Treasurer and	Other Principal	Officers		C. Standard Barry
NAME OF COMMITTEE		01777440107			NAME OF TREASURER	in the second	and the second secon	* *** *	
Tiffany Davis for Beverly Hills City Council 2024				Nancy Davis-Lagden					
					STREET ADDRESS (NC P.O. BOX)				
STREET ADDRESS (NO P.O.	BOX)				CITY		STATE	ZIP CODE	AREA CODE/PHONE
							CA		713-539-5012
CITY Deventy Little		ATE ZIP COI			NAME OF ASSISTANT TREASURER,	IF ANY			
Beverly Hills		A 902	0						
FOLE MAILING ADDRESS (F DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)				CITY		STATE	ZIP CODE	AREA CODE/PHONE
	Ik								
COUNTY OF DOMICILE	JURISDIC	CT ON WHERE COMM	NITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				
Los Angeles	Bever	rly Hills							
					STREET ADDRESS (NO P.O. BOX)				
					CITY		STATE	710 0000	
Attach additional	information on app	ropriately lab	eled continuation sheets.				SIAIC	ZIP CODE	AREA CODE/PHONE
3. Verification	1			Sector Sector			al concert		
Barrier Branch				-					
penalty of periur	v under the laws of t	he State of C	is statement and to the bes alifornia that t hey foregoing i	t of n	ny knowledge the informati	ion contained herei	n is true a	and comple	te. I certify under
10/1	2/23		1	(1					
Executed on	DATE	Ву	- ancy		E OF TREASURER OR ASSISTANT TREASURE	í FR	-		
Executed on 10/1	2/23	. Bv		M.	in 1 min	~ • • •			
	DATÉ	· · · · · · · · · · · · · · · · · · ·	SIGNATURE OF CONTR	OLLING	OFFIGEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT			
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Executed on		D	SIGNATURE OF CONTR	OLLING	OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT			
Executed OII	DATE	Ву	SIGNATURE OF CONTR	OLLING	OFFICEHOLDER, CANDIDATE, OR STATE M	FASURE PROPONENT			
						SHOWING PROPORTION			C Farmer (100 / Array - 100 / Array

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

				Page 2			
COMMITTEE NAME Tiffany Davis for Beverly Hills City Council 2024	I.D. NUMBER						
All committees must list the financial institution where the campaign bank account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER					
Bank of America	310-734-0321						
ADDRESS	СІТҮ	STATE	ZIP CODE				
9454 Wilshire Blvd.	Beverly Hills	CA	90212				
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.

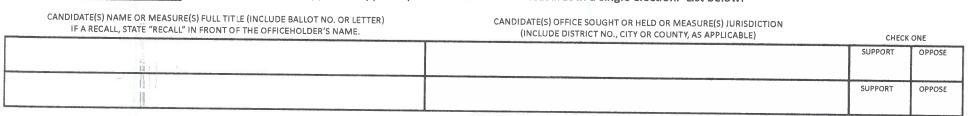
• List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable

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	PAR		
Tiffany Davis	City Council Member	2024	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:



Statement of Organization Recipient Committee	CALIFORNIA 410
INSTRUCTIONS ON REVERSE	FORM 410
COMMITTEE NAME	D. NUMBER
4. Type of Committee (Continued)	
4. Type of Committee (Continued)	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee STATE Committee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	
Date qualified	
5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the fo	illowing conditions have been met:
This committee has ceased to receive contributions and make expenditures;	
 This committee does not anticipate receiving contributions or making expenditures in the future; 	
 This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations; 	
 This committee has no surplus funds; and 	
 This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. 	
 There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defined of the section 89519. 	feated candidates. Refer to
— Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Governm 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.	nent Code Sections 89511 -
	FPPC Form 410 (August/2018)

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