	<u></u>								
Statement of C Recipient Com	_		Date Stands.	CALIFO FOR					
Statement Type	☐ Initial	X Amendment	☐ Termination – See Part 5	e O.	Fc	Indexed 5/27/22			
	O Not yet qualified				mande				
	or				1 20 / - 6				
	O Date qualification threshold met	Date qualification threshold met	Date of termination		(P)				
		05	//		***************************************				
1. Committee In	I.D. Number (if applicable)			Other Principal Officers					
NAME OF COMMITTEE			NAME OF TREASURER						
BEVERLY HILLS NE	IGHBORS UNITED FOR VERA MARI 2	KOWITZ FOR BEVERLY HILLS	CARY DAVIDSON						
			STREET ADDRESS (NO P.O. BOX)						
			515 S. FIGUEROA ST	C., STE. 1110					
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE			
515 S. FIGUEROA		LOS ANGELES	CA	90071	(213)624-6200				
CITY	STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY					
LOS ANGELES	CA	90071 (213)624-62							
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)						
			515 S. FIGUEROA ST						
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE				
sosfilings@polit		LOS ANGELES	CA	90071	(213)624-6200				
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)						
LOS ANGELES	CITY OF BEVE	RY HILLS	ANDREW JIANG						
			STREET ADDRESS (NO P.O. BOX)						
			515 S. FIGUEROA ST	r., STE. 1110	ZIP CODE	AREA CODE/PHONE			
Attach additional	information on appropriately lab	2	SIAIT		AREA CODE/FRONE				
			LOS ANGELES	CA	90071	(213)624-6200			
3. Verification									
	easonable diligence in preparing			tion contained herein is true	and complete	e. I certify under			
penalty of perju	ry under the laws of the State of	California that the foregoing i	s true and correct.						
Executed on	5/25/2022 By	(6/9/9 -						
	DATE	90	GNATURE OF TREASURER OR ASSISTANT TREASUR	RER					
Executed on	DATE By	CICHATURE OF CONT	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	ASACHAS PROPONENT					
		SIGNATURE OF CONTR	IOLLING OFFICEHOLDER, CANDIDATE, OR STATE N	WEASURE PROPUNENT					
Executed on By									
Executed on	By								
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT					

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

Statement of Organization Recipient Committee

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COMMITTEE NAME

I.D. NUMBER 1448520

BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022

2a. Additional Officers / Assistant Treasurers

NAME				NAME			
MARC LITCHMAN							
MAILING ADDRESS				MAILING ADDRESS			
515 S. FIGUEROA ST., STE. 1110							
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200			· · · · · · · · · · · · · · · · · · ·	
NAME	<u> </u>			NAME			
MAILING ADDRESS				MAILING ADDRESS			<u> </u>
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME			
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME			
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Recipient Committee							CALIFORNIA 410			
INSTRUCTIONS ON REVERSE								Page 3 of 4		
COMMITTEE NAME							I.D. NUMBER			
BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022							1448520			
All committees must list the financial institution where	the campaign bank accour	nt is located.								
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCO	BANK ACCOUNT NUMBER						
CALIFORNIA BANK & TRUST	(213)228-1710								
ADDRESS	спу	700	STATE	ZII	CODE					
550 S. HOPE ST., #100	LOS	ANGELES	CA		90071					
4. Type of Committee Complete the applicable s	ections.						10 M 6 2			
Controlled Committee						05-05-074		SAPARGAR SIMULIA		
 List the name of each controlling officeholder, cand district number, if any, and the year of the election. 		proponent. If candid	late or officeholder	controlled,	also list the ele	ctive offic	ce sought or h	eld, and		
List the political party with which each officeholder	or candidate is affiliated	d or check "nonpartis	an." Stating "No pa	arty preferen	ce" is acceptal	ole.				
• If this committee acts jointly with another controlle	ed committee, list the na	me and identification	number of the oth	ner controlle	d committee.					
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT ELECTIVE OFFICE SOUGHT OR HELD YEAR OF (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION					PAR		_			
					Nonpartisan	Partisan	(list political party	below)		
					Nonpartisan	Partisan	(list political party	below)		
				P. (1990)						
Primarily Formed Committee Primarily formed to	support or oppose spe	cific candidates or m	easures in a single e	election. List	below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)							CHEC	CONE		
VERA MARKOWITZ		City Council Me	mber CITY OF BEVI	ERLY HILLS			SUPPORT	OPPOSE		

X

OPPOSE

Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

Page 4 of 4 COMMITTEE NAME I.D. NUMBER BEVERLY HILLS NEIGHBORS UNITED FOR VERA MARKOWITZ FOR BEVERLY HILLS CITY COUNCIL 2022 1448520 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

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following 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;

Date qualified

- 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 defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.