

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: # 1388561 # 1388561  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee (if applicable)  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Termination 03 / 28 / 2017

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED CITY OF BEVERLY HILLS 2017 MAR 20 P 4: 20 CITY CLERK'S OFFICE	
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**1. Committee Information**

NAME OF COMMITTEE  
**Committee to Elect Nancy Krasne for City Council 2017**

STREET ADDRESS (NO P.O. BOX)  
**917 Oxford Way**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Beverly Hills CA 90210 (310)786-2100**

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**Nancy@Krasne.com**

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Los Angeles Beverly Hills**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Bill Neiman**

STREET ADDRESS (NO P.O. BOX)  
**9440 Santa Monica Boulevard, STE 610**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Beverly Hills CA 90210 (310)786-2100**

NAME OF ASSISTANT TREASURER, IF ANY  
**James Krasne**

STREET ADDRESS (NO P.O. BOX)  
**9440 Santa Monica Boulevard, STE 610**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Beverly Hills CA 90210 (310)786-2100**

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 03/20/2017 By Bill Neiman SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 03/20/2017 By Nancy Krasne 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Committee to Elect Nancy Krasne for City Council 2017

I.D. NUMBER  
1388561

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (310)550-2137	BANK ACCOUNT NUMBER 3609964659
ADDRESS 9600 Santa Monica Blvd., 1st Floor	CITY Beverly Hills	STATE ZIP CODE CA 90210

**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
Nancy H. Krasne	City Council	2007	<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"/>