Statement of Organization				Date Stamp		ORNIA 410
Recipient Committee  Statement Type				e e	FC	PRM For Official Use Only
Statement Type	☐ Initial ☐ Not yet qualified	✓ Amendment	Termination – See Part 5			Por Official Ose Offiny
	or				ende	Ked
	O Date qualification threshold met	Date qualification threshold met	Date of termination		10/20	1/23 HH
		10 / 23 / 2023			101.30	123 777
1. Committee	Information I.D. Number	er	2. Treasurer and	Other Principal Office	rs	
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER			
Craig Corman For Beverly Hills City Council 2024			Howard Fisher		BEV	HILLS CITY CLERK
			STREET ADDRESS (NO P.O. BOX)		4. 0	ZO OUT Z I FMG.UZ
			9350 Wilshire Blvd.			
street address (NO P.O. 269 S. Beverly	·		Beverly Hills	STATE CA	ZIP CODE <b>90212</b>	AREA CODE/PHONE (310) 553-2000
СІТУ	STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,			
Beverly Hills	CA 90	210 (310) 871-138	82			
FULL MAILING ADDRESS (I	IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
e-mail address (required) / fax (optional) cormans@earthlink.net		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				
Los Angeles	Beverly Hills					
			STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.			СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	n		MELSON NACHAL			
penalty of perjur	easonable diligence in preparing ry under the laws of the State of gust 26, 2023	California that the foregoing	s true and correct.		e and comple	ete. I certify under
Executed on DATE  August 26, 2023  DATE  By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT						
Executed on	Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT					
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE					410	
					0.00220	
Craig Corman For Beverly Hills City Counc	il 2024			I.D. NUMBER		
All committees must list the financial instit	ution where the campaign bank account is located.					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	BANK ACCOUNT NUMBER			
Bank of America	(310) 734-0321	32518724	325187246459			
ADDRESS	CITY	STATE	ZIP CODE			
9454 Wilshire Blvd.	Beverly Hills	CA	90212			
4. Type of Committee Complete the a	pplicable sections.			1		
Controlled Committee						
_	er, candidate, or state measure proponent. If candidand district number, if any, and the year of the election		ontrolled,			
• List the political party with which each office	cholder or candidate is affiliated or check "nonpartisa	in." Stating "No party	preference" is ac	ceptable		
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	PAR CHECK		
Craig Corman	Council Member, City of Beverly Hills	2024	Nonpartisan	Partisan	(list political party below)
=			Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to supp	ort or oppose specific candidates or measures in a single	election. List	below:		

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

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

Statement of Organization Recipient Committee				CALIFORNIA 410			
INSTRUCTIONS ON REVERSE				Page 3			
COMMITTEE NAME				I.D. NUMBER			
Craig Corman For Beverly Hills City Council 2024							
4. Type of Committee (Continued)							
General Purpose Committee  Not formed to support or op  ☐ CITY Committee	ppose specific candidates or measures  COUNTY Committee	in a single election. Check					
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Sponsored Committee List additional sponsors on an atta	chment.		ā				
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION	I OF SPONSOR					
STREET ADDRESS NO. AND STREET	СІТУ	STATE	ZIP CODE	AREA CODE/PHON	E		
Small Contributor Committee	_						

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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;
- 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.