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tatement Type II In	ot yet qualified	☐ Amendment	▼ Termination – See Part	the office of the Secretary of St of the State of California		or Official Use Oak
Ø Da	or ate qualification threshold met	Date qualification threshold met	Date of termination	SEP 06 2022	CA	SEP 14 PM 2: 42 MPAIGN FINANCE
	03 / 08 / 2022	//	08 / 31 / 2022			
. Committee Inform	lation I.D. Numb		2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE		······································	NAME OF TREASURER			
RIENDS OF ANDY LICHT	FOR BEVERLY HILLS CIT	Y COUNCIL 2022	MATTHEW ALVAREZ			
			STREET ADDRESS (NO P.O. BOX)			
			22815 VENTURA BLV	D., #405		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
22815 VENTURA BLVD.,			LOS ANGELES	CA	91364	(415)732-7700
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
LOS ANGELES	CA	91364 (415)732-7		IR		
FULL MAILING ADDRESS (IF DIFFER			STREET ADDRESS (NO P.O. BOX)			
150 POST STREET, SUIT E-MAIL ADDRESS (REQUIRED) / FAX	E 405 SAN FRANCISCO, C	A 94108	22815 VENTURA BLV			
•			CITY	STATE	ZIP CODE	AREA CODE/PHONE
CAMPAIGN@CAMPAIGNLAWY COUNTY OF DOMICILE	ERS.COM JURISDICTION WHERE CO	MAMITTEE IS ACTIVE	LOS ANGELES	CA	91364	(415)732-7700
LOS ANGELES			NAME OF PRINCIPAL OFFICER(S)			
105 ANGERES	CITY OF LOS	ANGELES	ROBERT KAPLAN STREET ADDRESS (NO P.O. BOX)			
			•			
Attach additional taken			22815 VENTURA BLV	/D., #405	ZIP CODE	AREA CODE/PHONE
Attach additional inform	nation on appropriately la	beled continuation sheets.	LOS ANGELES			
\/orification			LOS ANGELES	CA	91364	(415) 732-7700
3. Verification I have used all reasons penalty of perjury und Executed on	ier the laws of the State of	this statement and to the be f California that the foregoing	st of my knowledge the information of the state of the st			
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASU	JRER		
Executed on	DATE By					
Evacuted or	_	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		(
Executed on	DATE By	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		L
			and the second s			3
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Executed on	DATE By	SIGNATURE OF COM	ITROLLING OFFICEHOLDER, CANDIDATE, OR STATI	E MEASURE PROPONENT		Form 410 (August/2018)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE								ORNIA 4	10
COMMITTEE NAME			·				.D. NUMBER	Page 2 of 3	
FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022						ľ		446668	
All committees must list the financial institution where the campaign ba	nk accoun	t is located.				···			
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE		BANK ACCOUNT NUMBER			-		
BANK OF SAN FRANCISCO	(415)	744-6700		704032057					
ADDRESS	CITY			STATE		CODE			
575 MARKET STREET, SUITE 900	SAN 1	FRANCISCO		CA		94105			
List the name of each controlling officeholder, candidate, or state r district number, if any, and the year of the election. List the political party with which each officeholder or candidate is If this committee acts jointly with another controlled committee, li	affiliated	or check "nonpartisa me and identification	n." Stating number of TOR HELD	g "No part the other	y preferen controlle	ce" is acceptal	ole.	ce sought or h	eld, and
		INCLUDE DISTRICT NUMBER	IF APPLICABL	E)	ELECTION	CHECK Nonpartisan	Partisan	(list political party	·
			···			Nonpartisan	Partisan	(list political party	below)
Primarily Formed Committee Primarily formed to support or op CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE	(S) OFFICE SO UDE DISTRIC	UGHT OR HEL I NO., CITY OF	D OR MEASU	RE(S) JURISDICTION	1	CHEC	CONE OPPOSE
ANDREW LICHT								x	0.,032

SUPPORT

OPPOSE

Statement of Organization CALIFORNIA **Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 of 3 COMMITTEE NAME I.D. NUMBER FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022 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

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5.	Termination	on Re	quir	ements

Small Contributor Committee

Sponsored Committee

NAME OF SPONSOR

STREET ADDRESS

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

STATE

ZIP CODE

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

- 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

List additional sponsors on an attachment.

- 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

NO. AND STREET

- 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.

AREA CODE/PHONE