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1390903 Beverly Hills

COPY

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

Date qualified as committee _____ Date qualified as committee _____ Date of Termination _____
(if applicable)

Date Stamp

RECEIVED AND FILED
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of the State of California

SEP 22 2016

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CAMPAIGN FINANCE
indexed LSK 10/27/16

1. Committee Information

NAME OF COMMITTEE
Friends of Eliot Finkel for Beverly Hills City Council (2017)

STREET ADDRESS (NO P.O. BOX)
9100 Wilshire Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90212 (310)653-2070

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
efinkel@efinvest.com

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daniel M. Yukelson

STREET ADDRESS (NO P.O. BOX)
9560 1/2 West Olympic Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90212 (310)203-9909

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 09/15/2016 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/15/2016 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED
CITY OF BEVERLY HILLS
CITY CLERK'S OFFICE
2016 OCT 27 P 3:44

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Friends of Eliot Finkel for Beverly Hills City Council (2017)

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	
First Republic Bank		(310)288-0777	DD80003669967	
ADDRESS	CITY	STATE	ZIP CODE	
9593 Wilshire Boulevard	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."
- 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
Eliot Finkel	City Council of Beverly Hills, California	2017	<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"/>