Statement of (		า				Γ	Date Stamp	, ,	CALIF	<sup>ornia</sup> 410
Recipient Con Statement Type	Initial	······································	Amendme	ent	Teri	mination – See Part 5	Theory of the second seco			For Official Use Only
	O Not yet qualit or	īed					and the first of the second se	1	indi	exed 3/21/2
	S Date qualification	ation threshold me	t Date qualification	n threshold me	it . C	Date of termination	and the second sec	; ;		the
	/	08 / 2022	/	/		//	indicate a second			1. AL -
L. Committee li	oformation	(if applicable			de la crea	2. Treasurer and	Other Principal Off	icers	and the second sec	
NAME OF COMMITTEE					12	NAME OF TREASURER			<u> Anger</u> an Guine	
FRIENDS OF ANDY	LICHT FOR BH	CC 2022				MATTHEW ALVAREZ STREET ADDRESS (NO P.O. BOX)				
						22815 VENTURA BLVI	., #405			
STREET ADDRESS (NO P.	D. BOX)	······				CITY	STA	re	ZIP CODE	AREA CODE/PHONE
22815 VENTURA B	LVD., #405					LOS ANGELES	C;	<u>A</u>	91364	(415) 732-7
			PCODE	AREA CODE/PHONE		NAME OF ASSISTANT TREASURER	, IF ANY			
LOS - ANGELES		CA	91364	(415)732-	7700	BRADLEY HERTZ STREET ADDRESS (NO P.O. BOX)				•
	-						****			
150 POST STREET E-MAIL ADDRESS (REQU	RED) / FAX (OPTIONAL)	IN FRANCISCO,	CA 94108			22815 VENTURA BLV		ATE ,	ZIP CODE	AREA CODE/PHON
CAMPAIGN@CAMPAI	GNLAWYERS.COM					LOS ANGELES	C	la	91364	(415) 732-7
COUNTY OF DOMICILE		JURISDICTION WHERE	COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)				
LOS ANGELES		CITY OF LO	S ANGELES			ROBERT KAPLAN				
				·····		STREET ADDRESS (NO P.O. BOX)				
						22815 VENTURA BLV				
Attach additiona	l information on	appropriately l	abeled continua	tion sheets.		CITY	ST	ATE	ZIP CODE	AREA CODE/PHO
	-					LOS ANGELES	(	CA	91364	(415) 732-
S. Verification I have used all penalty of perj Executed on	reasonable dilig	ence in prepari ws of the State	ng this statemen of California,the	t and to the b	pest of my ng/is true	v knowledge the information	ition contained herein	is true		lete. I certify under
Executed on	DATE	Ву		SIGNATURE OF C	ONTROLLING (	OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	DATE	Ву	· · · · · · · · · · · · · · · · · · ·	SIGNATURE OF C	ONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATI	E MEASURE PROPONENT		<u> </u>	
Executed on		Ву								
	DATE			SIGNATURE OF	CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STAT				PPC Form 410 (Augus @fppc.ca.gov (866/23

Statement of Organization Recipient Committee	CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE	Page 2 of 3
COMMITTEE NAME	I.D. NUMBER
FRIENDS OF ANDY LICHT FOR BH CC 2022	PENDING

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NU	BANK ACCOUNT NUMBER			
BANK OF SAN FRANCISCO	(415)744-6700					
ADDRESS	CITY	STATE	ZIP CODE			
575 MARKET STREET, SUITE 900	SAN FRANCISCO	CA	94105			
4. Type of Committee Complete the applicable sections:	Parties and the spectrum			and the state of the state of		

## **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." Stating "No party preference" is acceptable.

· 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	NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE)		PAF		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
- X:					

## **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) 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)	CHECK	ONE
ANDREW LICHT	City Council Member CITY OF BEVERLY HILLS	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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Statement of Organization Recipient Committee	n				c	FORM 410
						Page 3 of 3
FRIENDS OF ANDY LICHT FOR BH	CC 2022				1.0.1	NUMBER
4. Type of Committee	ontinued)					PENDING
General Purpose Committee	Not formed to support or oppo	ose specific candidates		ngle election. Check o	nly one box:	·
	additional sponsors on an attach	iment.				
NAME OF SPONSOR		INDUSTRY	GROUP OR AFFILIATION OF SPO	NSOR	<u></u>	
STREET ADDRESS NO. AND STRE	त 	ατγ		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	Date qualified					
5. Termination Requiremen		ومراجع المحمد والمحمد	rer and/or candidate, offic	eholder, or proponent certif	y that all of the follow	wing conditions have been met:
	to receive contributions and ma	•				
	nticipate receiving contributions					
	ated or has no intention or abilit	ty to discharge all deb	ts, loans received, ar	nd other obligations;		
<ul> <li>This committee has no sur</li> </ul>	plus funds; and					
	ll campaign statements required	-				
<ul> <li>There are restrictions o Code Section 89519.</li> </ul>	n the disposition of surplus cam	ipaign funds held by el	lected officers who a	re leaving office and b	y defeated cand	idates. Refer to Government
	measure committees may be us de Section 18680 and FPPC Regu		ative or government	al purposes under Gov	ernment Code S	ections 89511 - 89518, and are

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