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1388782 Beverly Hills



# Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number: # \_\_\_\_\_

Termination - See Part 5

List I.D. number: # \_\_\_\_\_

07 / 22 / 2016

Date qualified as committee

# \_\_\_\_\_

Date qualified as committee (If applicable)

# \_\_\_\_\_

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California

AUG 15 2016

CALIFORNIA FORM 410

For Official Use Only

2016 AUG 29 PM 4:54 CAMPAIGN FINANCE

Indexed - LGR-10/27/16

## 1. Committee Information

NAME OF COMMITTEE

LESTER FRIEDMAN FOR CITY COUNCIL (2017)

STREET ADDRESS (NO P.O. BOX)

c/o FTA Events, 427 No. Canon Dr., Suite 108

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Beverly Hills

CA

90210

(310)288-0517

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

ljf718@aol.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Beverly Hills, California

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Michael Barry

STREET ADDRESS (NO P.O. BOX)

211 So. Spalding Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Beverly Hills

CA

90212

(310)275-4317

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 08/11/2016

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/11/2016

By

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

RECEIVED CITY OF BEVERLY HILLS CITY CLERK'S OFFICE 2016 OCT 27 P 3:10



Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME  
LESTER FRIEDMAN FOR CITY COUNCIL (2017)

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

NAME OF FINANCIAL INSTITUTION Bank of America, N.A.	AREA CODE/PHONE (800)432-1000	BANK ACCOUNT NUMBER 325039802336
ADDRESS 460 No. Beverly Dr.	CITY Beverly Hills	STATE ZIP CODE 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
Lester Friedman	Beverly Hills City Council	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"/>



Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
Page 3
I.D. NUMBER

COMMITTEE NAME  
LESTER FRIEDMAN FOR CITY COUNCIL (2017)

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

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.