				× (1)		
Statement of Organization				Date Stamp	CALIF	ORNIA 110
Recipient Com	nmittee	2	다. 같은 품	FO		
Statement Type	🗌 Initial	Amendment	Termination – See Part 5	han LCh bood LCh		For Official Use Only
	O Not yet qualified			én m		*
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	and the mail Line had get t	inda	15/22 HAV
			Date of termination	andras to the second	2/1	5122 HBV
	///	02 / 02 / 2022	//	떨적		
1. Committee	e Information I.D. Numb	er 1443466	2. Treasurer and	Other Principal Office	rs	
NAME OF COMMITTEE		*****	NAME OF TREASURER			
Jake Manaster Fo	or Beverly Hills Treasurer 2022		Barbara Miller			
			STREET ADDRESS (NO P.O. BOX)			
			256 S. Robertson B	lvd. #17		
STREET ADDRESS (NO P.O.			CITY	STATE	ZIP CODE	AREA CODE/PHONE
256 S. Robertson			Beverly Hills	CA	90211	
		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY		
Beverly Hills		211	Lynda Manaster STREET ADDRESS (NO P.O. BOX)			وبجديدة بيرودون بتخصين وتبدي وتتبع
FULL MAILING ADDRESS (IF DIFFERENT)		256 S. Robertson Blvd	1. #17		
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
jakeforbhtreasur	jakeforbhtreasurer@gmail.com		Beverly Hills	CA	90211	
COUNTY OF DOMICILE	JURISDICTION WHERE COI	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		an hou air con ir vonen na bhear bhair	onine and the summittee and the second
LA	Beverly Hills		Alma Ordaz, campaign manager			
			STREET ADDRESS (NO P.O. BOX)	10. 075-buon		
			256 S. Robertson Blvc			
Attach additiona	l information on appropriately la	beled continuation sheets.	СІТҮ	STATE	ZIP CODE	AREA CODE/PHONE
	26 84 222704 Late		Beverly Hills	CA	90211	
3. Verification	n					
I have used all re	asonable diligence in preparing	this statement and to the best	t of my knowledge the informat	ion contained herein is true	e and complet	e. I certify under
	ry under the laws of the State of		s true and correct.	0		
Executed on 02/0	02/2022 _{By}	1	Markanat	K		
DATE SIGNATURE OF TREASURER OF ASSISTANT TREASURER						
Executed on	DATE BY		Pathena		17.1000.0000	
SIGNATURE OF CONTROLLING UFFCEHOLDER, CANDIDATE, OR STATE MEASURE PROFONENT						
Executed on	By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	IEASURE PROPONENT		
Executed on	Ву					
namen an anna an Add Add Arthur 🥵 🥵 🧰	DATE	SIGNATURE OF CONTR	COLLING OFFICEHOLDER, CANDIDATE, OR STATE N	AEASURE PROPONENT		C Farm 410 / August /2018

.

.

FPPC Form 410 (August/2018) FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772) <u>www.fppc.ca.gov</u>

Statement of Organization Recipient Committee	CALIFORNIA FORM 410			
INSTRUCTIONS ON REVERSE				Page 2
COMMITTEE NAME				I.D. NUMBER
Jake Manaster For Beverly Hills Treasurer 2022				1443466
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
Union Bank	310-550-6413			
ADDRESS	CITY	STATE	ZIP CODE	
9460 Wilshire Blvd., 2nd Floor	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." 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Jacob (Jake) Manaster	Beverly Hills City Treasurer	2022	1		(list political party below)
			Nonpartisan	Partisan	(list political party below)

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		
		SUPPORT	OPPOSE	
		SUPPORT	OPPOSE	

Statement of Recipient Cor	nmittee					CALIFORNIA FORM 410	
	Paularly Hills Transver 2022					1.D. NUMBER 1443466	
	Beverly Hills Treasurer 2022					1445400	
4. Type of C	ommittee (Continued)						
General Purpose	Committee Not formed to su		andidates or measures in a s OUNTY Committee	ingle election. Check	•		
PROVIDE BRIEF DESCRIPTIO	ON OF ACTIVITY						
Sponsored Commi	ttee List additional sponsors	on an attachment.		<u> </u>			
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPO	ONSOR		<u> </u>	
STREET ADDRESS	NO. AND STREET	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor	Committee	/					
5. Terminat			sistant treasurer and/or candidate	e, officeholder, or ponent c	ertify that all of the	e following conditions have been met:	
This committ	ee has ceased to receive contribu	tions and make expenditu	ires;				
This committ	ee does not anticipate receiving	contributions or making ex	penditures in the future;				
This committ	ee has eliminated or has no inter	tion or ability to discharge	e all debts, loans received, a	nd other obligations;			
This committ	ee has no surplus funds; and						
		nts required by the Politic	al Reform Act disclosing all r	enortable transaction	۰ ۲		
	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 measur 89518, and are subject to Electi	•			s under Gover	nment Code Sections 89511 -	

а г сј