

Beverly Hills

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Date qualification threshold met 11/14/19

RECEIVED AND FILED NOV 25 2019 CALIFORNIA FORM 410 CAMPAIGN FINANCE

1. Committee Information I.D. Number 1422088 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Team Lili Bosse 2020 for Beverly Hills City Council. STREET ADDRESS: 269 S. Beverly Dr., Ste 220. CITY: Beverly Hills, STATE: CA, ZIP CODE: 90212, AREA CODE/PHONE: 3109636900. E-MAIL ADDRESS: rcs@thetaxgrp.com/(310) 882-5478. COUNTY OF DOMICILE: Los Angeles, JURISDICTION WHERE COMMITTEE IS ACTIVE: Beverly Hills, CA

NAME OF TREASURER: Ron Stone. STREET ADDRESS: 269 S. Beverly Dr., Ste 697. CITY: Beverly Hills, STATE: CA, ZIP CODE: 90212, AREA CODE/PHONE: 3105581134. NAME OF ASSISTANT TREASURER, IF ANY: [Blank]. NAME OF PRINCIPAL OFFICER(S): [Blank].

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 November 20, 2019 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on November 20, 2019 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

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COMMITTEE NAME
Team Lili Bosse 2020 for Beverly Hills City Council

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

NAME OF FINANCIAL INSTITUTION First Republic Bank	AREA CODE/PHONE 800.392.1400	BANK ACCOUNT NUMBER 80008074546	
ADDRESS 111 Pine Street	CITY San Francisco	STATE CA	ZIP CODE 94111

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		(list political party below)
			Nonpartisan	Partisan	
Lili Bosse	Beverly Hills City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
Team Lili Bosse 2020 for Beverly Hills City Council

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	AREA CODE/PHONE

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.