


**Statement of Organization
Recipient Committee**

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
INDEXED 7/5/22


Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

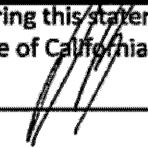
Amendment
Date qualification threshold met

Termination – See Part 5
Date of termination
6 / 30 / 2022

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Darian Bojeaux for Beverly Hills City Council 2022				NAME OF TREASURER Darian Bojeaux			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Beverly Hills	STATE CA	ZIP CODE 90210	AREA CODE/PHONE [REDACTED]	CITY Beverly Hills	STATE CA	ZIP CODE 90210	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bojeaux@gmail.com				STREET ADDRESS (NO P.O. BOX)			
CITY Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Beverly Hills		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

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 6/30/22 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ 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