

144 6668

BEVERLY HILLS

Statement of Organization Recipient Committee

Statement Type

Form with checkboxes for Initial, Amendment, Termination and date fields for qualification and termination.

RECEIVED AND FILED stamp from the Secretary of State of California, dated MAR 28 2022, with handwritten 'indexal' and '5/2/22'.

BEVERLY HILLS CITY CLERK 2022 MAY 2 PM 2:52

1. Committee Information I.D. Number (if applicable) PENDING 2. Treasurer and Other Principal Officers

Form section 1: Committee Information. Includes fields for Name of Committee (FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022), Street Address (22815 VENTURA BLVD., #405), City (LOS ANGELES), State (CA), Zip Code (91364), Area Code/Phone ((415) 732-7700), Full Mailing Address (150 POST STREET, SUITE 405 SAN FRANCISCO, CA 94108), E-mail Address (CAMPAIGN@CAMPAIGNLAWYERS.COM), County of Domicile (LOS ANGELES), and Jurisdiction (CITY OF LOS ANGELES).

Form section 2: Treasurer and Other Principal Officers. Includes fields for Name of Treasurer (MATTHEW ALVAREZ), Street Address (22815 VENTURA BLVD., #405), City (LOS ANGELES), State (CA), Zip Code (91364), Area Code/Phone ((415) 732-7700), Name of Assistant Treasurer (JONATHAN P. FISHER), Street Address (22815 VENTURA BLVD., #405), City (LOS ANGELES), State (CA), Zip Code (91364), Area Code/Phone ((415) 732-7700), Name of Principal Officer (ROBERT KAPLAN), Street Address (22815 VENTURA BLVD., #405), City (LOS ANGELES), State (CA), Zip Code (91364), Area Code/Phone ((415) 732-7700).

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.

Signature lines for verification. Executed on 3/25/22 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022	I.D. NUMBER PENDING
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF SAN FRANCISCO	AREA CODE/PHONE (415) 744-6700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 575 MARKET STREET, SUITE 900	CITY SAN FRANCISCO	STATE CA	ZIP CODE 94105

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		(list political party below)
			Nonpartisan	Partisan	
			<input 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
ANDREW LICHT	City Council Member CITY OF BEVERLY HILLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022

I.D. NUMBER

PENDING

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.