

**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:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

BEV HILLS CITY CLERK
Date Stamp
2022 AUG 22 AM 11:42

CALIFORNIA FORM 410
For Official Use Only
INDEXED 8/23/22


1. Committee Information

NAME OF COMMITTEE
Beverly Hills Chamber Issues PAC
STREET ADDRESS (NO P.O. BOX)
9400 S. Santa Monica Blvd., 2nd Floor
CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90210 310-248-1039
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
sywak@beverlyhillschambers.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles State

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jonathan Durante
STREET ADDRESS (NO P.O. BOX)
9550 S. Santa Monica Blvd.
CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90210 310-281-5608
NAME OF ASSISTANT TREASURER, IF ANY

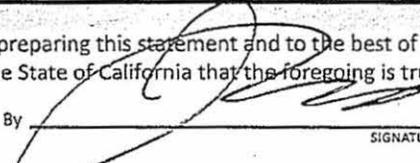
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Mitch Dawson, President
STREET ADDRESS (NO P.O. BOX)
9454 Wilshire Blvd., PH
CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90210 310-273-3313

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 7/21/14 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Beverly Hills ~~Issues~~ Chamber Issues

I.D. NUMBER

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

| | | |
|--|--|--|
| NAME OF FINANCIAL INSTITUTION <u>OneWest Bank</u> | AREA CODE/PHONE <u>310-281-5600</u> | BANK ACCOUNT NUMBER  |
| ADDRESS <u>9550 S. Santa Monica Blvd.</u> | CITY <u>Beverly Hills</u> | STATE <u>CA</u> |
| | ZIP CODE <u>90210</u> | |

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 |
|--|---|------------------|--------------------------------------|
| | | | <input 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

| | |
|----------------------------|--|
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| I.D. NUMBER | |

COMMITTEE NAME
Beverly Hills Chamber Issues PAC

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

Support or oppose ballot measures and propositions on the state, county & local level.

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.