Statement of Organization
Recipient Committee

Statement Type ☐ Initial ☐ Amendment ☐ Termination – See Part 5

● Not yet qualified
or
○ Date qualified as committee ____/____/____

Date qualified as committee ____/____/____ Date of termination

Date Stamp

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CALIFORNIA FORM 410

For Official Use Only

indexed
bp 3/28/2018

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE

Beverly Hills Residents for Preserving Property Values, supported by Property Owners, Residents & Taxpayers

STREET ADDRESS (NO P.O. BOX)

22815 Ventura Boulevard., # 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	91364	818/593-2949

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

bhertz@campaignlawyers.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	City of Beverly Hills

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Branden Williams

STREET ADDRESS (NO P.O. BOX)

22815 Ventura Boulevard., # 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	91364	818/593-2949

NAME OF ASSISTANT TREASURER, IF ANY

Bradley W. Hertz

STREET ADDRESS (NO P.O. BOX)

22815 Ventura Boulevard., # 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	91364	818/593-2949

NAME OF PRINCIPAL OFFICER(S)

Branden Williams

STREET ADDRESS (NO P.O. BOX)

22815 Ventura Boulevard., # 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	91364	818/593-2949

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 3/14/18 (DATE) By Bradley W. Hertz (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Beverly Hills Residents for Preserving Property Values, supported by Property Owners, Residents & Taxpayers

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank, N.A.	415/396-7362	TBD	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
3431 California Street	San Francisco	CA	94118

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: 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
Ordinance Revising Regulations Re: Basements in Single Family	City of Bevery Hills	☐	☑
Areas & Grading & Retaining Walls in Hillside Area (Referendum)		☐	☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

I.D. NUMBER

COMMITTEE NAME

Beverly Hills Residents for Preserving Property Values, supported by Property Owners, Residents & Taxpayers

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** ☐ **Political Party/Central 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.