Statement of C	Organization	n	Date Stamp	CALIFO	RNIA AAA		
Recipient Com	ımittee			FOR	M 410		
Statement Type	X Initial		☐ Amendment	▼ Termination – See Part 5	FU HTI I C CTTU OL CDI	For	Official Use Only
	O Not yet qualif	fied			2022 JUL 21 AM8:11	INDE	YED 7/21/22
	Date qualification threshold met		Date qualification threshold met	e qualification threshold met Date of termination		1 Oh	
		04 / 2022	, ,	06 / 30 / 2022		AL	10
1. Committee In	formation	I.D. Numbe		2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE		13.77		NAME OF TREASURER			
Vera Markowitz fo	or Beverly Hil	lls City Counci	1 2022	Vera Markowitz			
		The state of the s		STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O.	BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
12501 Imperial Hw	wy. Ste. 200			Beverly Hills	CA	90210	
CITY		STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY		
Norwalk		CA	90650 (213)489-47	David Gould  STREET ADDRESS (NO P.O. BOX)			
FULL MAILING ADDRESS (II	F DIFFERENT)						
E-MAIL ADDRESS (REQUIRE	ED) / FAX (OPTIONAL)			12501 Imperial Hwy	Ste. 200	ZIP CODE	AREA CODE/PHONE
dlgould@gouldorel	100 D	13)489-4818		Norwalk	CA	90650	(212) 480, 4702
COUNTY OF DOMICILE		JRISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	CA	90630	(213)489-4792
Los Angeles	1	Beverly Hills	1	Ingrid Orellana-As	sistant Treasurer		
				STREET ADDRESS (NO P.O. BOX)			
				12501 Imperial Hwy	Ste. 200		
Attach additional in	nformation on a	ppropriately labe	eled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Norwalk	CA	90650	(213)489-4792
penalty of perjury			California that the foregoing is	of my knowledge the information true and correct.		and complete.	l certify u <b>nd</b> er
	DATE		SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
• Executed on	DATE	Ву	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
Executed on	DATE	Ву					
	UNIE		SIGNATURE OF CONTRI	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	SEASURE PROPONENT	FPPC Fo	orm 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee		FORM 410						
INSTRUCTIONS ON REVERSE	1	Page 2 of 3						
COMMITTEE NAME						I.D. NUMBER		
Vera Markowitz for Beverly Hills City Council 2022	14	144672						
All committees must list the financial institution where the campaign	bank accour	nt is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	AREA CODE/PHONE		BANK ACCOUNT NUMBER				
California Bank & Trust	(213	)228-1700						
ADDRESS	CITY	CITY		ZIP CODE				
550 S. Hope Street Ste. 100	Los	Angeles	CA		90071			
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate.</li> <li>If this committee acts jointly with another controlled committee.</li> <li>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</li> </ul>	e is affiliated	or check "nonpartisan." S	itating "No par ber of the othe	ty preferer	ice" is acceptal	ole. TY ONE	e sought or h	***
Vera Markowitz	City Co	City Council Member Beverly Hills		2022	х			,
					Nonpartisan	Partisan (	ist political party	below)
Primarily Formed Committee  Primarily formed to support or of the Candidate(s) name or measure(s) full title (include ballot no. or le if a recall, state "recall" in front of the officeholder's name.	TTER)	CANDIDATE(S) OF	s in a single ele FICE SOUGHT OR HE ISTRICT NO., CITY O	LD OR MEASU	RE(S) JURISDICTION	4	снеск	ONE
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE

## CALIFORNIA Statement of Organization **FORM Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 of 3 COMMITTEE NAME I.D. NUMBER Vera Markowitz for Beverly Hills City Council 2022 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

## 5. Termination Requirements

Small Contributor Committee

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.