Statement of Organization			Date Stamp	CALIFORNIA 110		
nmittee			Parent Land	FOR	RM 410	
☐ Initial	☐ Amendment	☐ Termination – See Part 5	Provided Control Contr		or Official Use Only	
or			oqEll	index	ed HAV	
Date qualification threshold met	Date qualification threshold met	Date of termination	witcher	1	4	
02 / 04 / 2022			262	2/10	122	
		2. Treasurer and Ot	her Principal Officer	S		
	All The Market III	NAME OF TREASURER		32 (25)(E3)(E6)(E6)(E6)(E6)(E6)(E6)(E6)(E6)(E6)(E6		
or Beverly Hills City Counc	il 2022	Vera Markowitz				
		STREET ADDRESS (NO P.O. BOX)		7.0		
			ŀ			
. BOX)	440	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
wy. Ste. 200		Beverly Hills	CA	90210		
STATE ZIP C	ODE AREA CODE/PHONE					
CA	90650 (213)489-47	92 David Gould				
IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
			te. 200			
RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
llana.com / (213)489-4818		Norwalk	CA	90650	(213)489-4792	
JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Beverly Hill	S	_Ingrid Orellana		us i		
Deverly hill						
bovorty hirr		STREET ADDRESS (NO P.O. BOX)				
bovorry mili		12501 Imperial Hwy S				
information on appropriately lab	eled continuation sheets.		te. 200	ZIP CODE	AREA CODE/PHONE	
	eled continuation sheets.	12501 Imperial Hwy S		ZIP CODE 90650	AREA CODE/PHONE (213) 489-4792	
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	O Not yet qualified  or  Date qualification threshold met  02	Initial	Initial	Manage of the principal officer	Sinitial	

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 2 of 4

I.D. NUMBER

Vera Markowitz for Beverly Hills City Council 2022

### 2a. Additional Officers / Assistant Treasurers

NAME				NAME			
Nadia Modesto (Assistant	Treasurer)						
MAILING ADDRESS			T	MAILING ADDRESS			
12501 Imperial Hwy Ste. 2	200						
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	(213)489-4792				
NAME				NAME	······································		
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME			
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME			
				MAILING ADDRESS			
MAILING ADDRESS				MAILING ADDRESS			

#### Statement of Organization Recipient Committee

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	ORM	41	U

INSTRUCTIONS ON REVERSE	Page 2 of &
COMMITTEE NAME	I.D. NUMBER
Vera Markowitz for Beverly Hills City Council 2022	

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
California Bank & Trust	(213) 228-1700			
ADDRESS	CITY	STATE	ZIP CODE	
550 S. Hope Street Ste. 100	Los Angeles	CA	90071	

#### 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.

(list political party below)
(list political party below
1

Primarily Formed Committee

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

SUPPORT OPPOSE

## Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE			Page 🐧 of 🗳
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 s  ☐ CITY Committee	specific candidates or measures in a sing	gle election. Check only one box:  STATE Committee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors on an attachmen	nt.		
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONS	OR	
STREET ADDRESS NO. AND STREET	СІТУ	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee			

#### 5. Termination Requirements By signing the vi

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.