


**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 (If amending to provide this date) _____/_____/_____
 Date of termination 7 / 29 / 22

Date Stamp
 BEVERLY HILLS CITY CLERK
 AUG 1 PM 5:03
CALIFORNIA FORM 410
 For Official Use Only
 INDEXED 8/3/22


1. Committee Information I.D. Number (if applicable) 1334106 **2. Treasurer and Other Principal Officers**

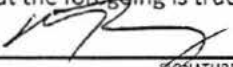
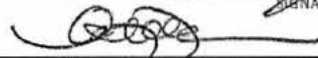
NAME OF COMMITTEE
 Lester Friedman For BH City Council (2022)
 STREET ADDRESS (NO P.O. BOX)
 c/o FTA Events, 269 So. Beverly Drive, Ste. 755
 CITY STATE ZIP CODE AREA CODE/PHONE
 Beverly Hills CA 90212 (310) 956-4479
 MAILING ADDRESS (IF DIFFERENT)
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 LJF718@GMAIL.COM
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Los Angeles Beverly Hills

NAME OF TREASURER
 MICHAEL BARRY
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
 Beverly Hills CA 90212 [REDACTED]
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

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 7/30/22 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7/30/22 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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Lester Friedman for BH City Council (2022)

I.D. NUMBER

1442212

- 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	(424) 332 1400	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
315 S. Beverly Dr. Ste. 100	Beverly Hills	CA	90212

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
Lester Friedman	City Council	2022	<input checked="" 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"/>