

**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 12 / 31 / 2018
 _____/_____/_____ Date of termination

Date Stamp	CALIFORNIA FORM 410 <small>For Official Use Only</small>
RECEIVED CITY OF BEVERLY HILLS 2019 FEB -1 A 9:39 CITY CLERK'S OFFICE	
<i>Indexed</i> <i>lee</i>	

1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number <i>(if applicable)</i> 1388394			
NAME OF COMMITTEE BEVERLY HILLS RESIDENTS AND BUSINESSES TO PRESERVE OUR CITY, NO ON HH, SPONSORED BY WANDA BEVERLY HILLS PROPERTIES, LLC AND ATHENS BH DEVELOPMENT, LLC WITH MAJOR (SEE FULL COMMITTEE NAME ATTACHED)			
STREET ADDRESS (NO P.O. BOX) 9701 SANTA MONICA BOULEVARD			
CITY BEVERLY HILLS	STATE CA	ZIP CODE 90210	AREA CODE/PHONE (310) 883-7875
MAILING ADDRESS (IF DIFFERENT)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) CAMPAIGN@CAMPAIGNLAWYERS.COM			
COUNTY OF DOMICILE LOS ANGELES	JURISDICTION WHERE COMMITTEE IS ACTIVE BEVERLY HILLS		

NAME OF TREASURER JAMES R. SUTTON			
STREET ADDRESS (NO P.O. BOX) 150 POST STREET, SUITE 405			
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94108	AREA CODE/PHONE (415) 732-7700
NAME OF ASSISTANT TREASURER, IF ANY NICHOLAS SANDERS			
STREET ADDRESS (NO P.O. BOX) 150 POST STREET, SUITE 405			
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94108	AREA CODE/PHONE (415) 732-7700
NAME OF PRINCIPAL OFFICER(S) ROHAN A'BECKETT			
STREET ADDRESS (NO P.O. BOX) 439 NORTH CANON DRIVE, SUITE 207			
CITY BEVERLY HILLS	STATE CA	ZIP CODE 90210	AREA CODE/PHONE (310) 883-7875

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	<u>11/27/19</u>	By	<u><i>James R. Sutton</i></u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

BEVERLY HILLS RESIDENTS AND BUSINESSES TO PRESERVE OUR CITY, NO ON HH, SPONSORED BY WANDA BEVERLY HILLS PROPERTIES, LLC AND ATHENS BH DEVELOPMENT, LLC WITH MAJOR (SEE FULL COMMITTEE NAME ATTACHED)

I.D. NUMBER

1388394

2a. Additional Officers / Assistant Treasurers

NAME
ALMA ORDAZ

MAILING ADDRESS
439 NORTH CANON DRIVE, SUITE 207

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEVERLY HILLS	CA	90210	(310) 883-7875

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME
JAY NEWMAN

MAILING ADDRESS
433 NORTH CAMDEN DRIVE, SUITE 960

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEVERLY HILLS	CA	90210	(310) 883-7875

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME
DR. MATTHEW FINERMAN

MAILING ADDRESS
439 NORTH CANON DRIVE, SUITE 207

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEVERLY HILLS	CA	90210	(310) 883-7875

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME
CAROLINA G. TOMKINSON

MAILING ADDRESS
439 NORTH CANON DRIVE, SUITE 207

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEVERLY HILLS	CA	90210	(310) 883-7875

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK, N.A.	AREA CODE/PHONE (310) 550-7183	BANK ACCOUNT NUMBER 7369665612
ADDRESS 9600 SANTA MONICA BOULEVARD	CITY BEVERLY HILLS	STATE CA
		ZIP CODE 90210

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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			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
MEASURE HH	CITY OF BEVERLY HILLS	SUPPORT	OPPOSE X
		SUPPORT	OPPOSE

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I.D. NUMBER

1388394

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

WANDA BEVERLY HILLS PROPERTIES, LLC

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

REAL ESTATE DEVELOPMENT

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

439 NORTH CANON DRIVE, SUITE 207

BEVERLY HILLS

CA

90210

(310) 883-7875

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.

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1388394

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR ATHENS BH DEVELOPMENT, LLC		INDUSTRY GROUP OR AFFILIATION OF SPONSOR REAL ESTATE DEVELOPMENT		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
	433 NORTH CAMDEN DRIVE, SUITE 960	BEVERLY HILLS	CA	90210 (310) 883-7875
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

Additional Comments
For Form 410

ADDITIONAL COMMENTS

CALIFORNIA
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1388394

FULL COMMITTEE NAME: BEVERLY HILLS RESIDENTS AND BUSINESSES TO PRESERVE OUR CITY, NO ON HH, SPONSORED BY WANDA BEVERLY HILLS PROPERTIES, LLC AND ATHENS BH DEVELOPMENT, LLC WITH MAJOR FUNDING FROM LAKESHORE EAST PARCEL P, LLC.