

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 11 / 8 / 2019	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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Date: 2019 NOV 8 PM 2:52
 BEVERLY HILLS CITY CLERK

CALIFORNIA FORM 410

For Official Use Only

#A-1/6/2020
indexed

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

NAME OF COMMITTEE
Julian Gold, M.D. for Beverly Hills City Council 2020

STREET ADDRESS (NO P.O. BOX)
c/o FTA Events & Marketing, 280 South Beverly Drive #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90212	(310) 288-1755

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

NAME OF TREASURER
Howard Fisher

STREET ADDRESS (NO P.O. BOX)
c/o FTA Events & Marketing, 280 South Beverly Drive #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90212	(310) 288-1755

NAME OF ASSISTANT TREASURER, IF ANY
Judie Fenton

STREET ADDRESS (NO P.O. BOX)
c/o FTA Events & Marketing, 280 South Beverly Drive #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90212	(310) 288-1755

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	November 8, 2019	By	
	<small>DATE</small>		<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	November 8, 2019	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
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I.D. NUMBER

1334106

COMMITTEE NAME
Julian Gold, M.D. for Beverly Hills City Council 2020

BEVERLY HILLS CITY CLERK
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (310) 734-0321	BANK ACCOUNT NUMBER 0099-02450-78024	
ADDRESS 9454 Wilshire Boulevard	CITY Beverly Hills	STATE CA	ZIP CODE 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." 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		(list political party below)
			Nonpartisan	Partisan	
Julian Gold, M.D.	Beverly Hills City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>