Statement of Recipient Co	Organization mmittee	COPY	7	Date Stamp		FORNIA 410
Statement Type	🗌 Initial	X Amendment	Termination – See Part 5	RECEIVED		For Official Use Only
	Not yet qualified 🔲 or	List I.D. number:	List I.D. number:	CITY OF BEVERLY H	LTC	
		#	#	2016 AUG 26 P 4	: 19 in	dexed
	// Date qualified as committee	03 03 2016 Date qualified as committee (If applicable)	Date of Termination	CITY CLERK'S OFF	1 m 8	[26/16 bp
1. Committee	Information		2. Treasurer and	Other Principal Offi	cers	
<u>INITIATIVE, W</u> STREET ADDRESS (	ESIDENTS FOR THE BEVERLY ITH MAJOR FUNDING BY OASI	HILLS GARDEN & OPEN SPACE IS WEST REALTY LLC / THE BEV	NAME OF TREASURER SEAN P. WELCH STREET ADDRESS (NO	P.O. BOX)		
CITY	STAT	E ZIP CODE AREA CODE	Z350 KERNER BLVD. E/PHONE CITY	STATE STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901 (415)389	9-6800 SAN RAFAEL	CA	94901	
MAILING ADDRESS (	IF DIFFERENT)		NAME OF ASSISTANT TRE		94901	(415)389-6800
FAX / E-MAIL ADDRE	SS		HILARY J. GIBSON STREET ADDRESS (NO			······································
FORM410@NMGOVI	LAW.COM		2350 KERNER BLVD.	,		
COUNTY OF DOMICI	LE JURISDICTIO	ON WHERE COMMITTEE IS ACTIVE	CITY	, SULLE 250 STATE	ZIP CODE	AREA CODE/PHONE
MARIN	BEVERLY	( HILLS	SAN RAFAEL	СА	94901	
			NAME OF PRINCIPAL OFF		94901	(415)389-6800
Attach additiona	l information on appropriate	ly labeled continuation sheets.	TED KAHAN STREET ADDRESS (NO P	,		
			2350 KERNER BLVD. CITY	, SUITE 250 STATE	ZIP CODE	
						AREA CODE/PHONE
			SAN RAFAEL	CA	94901	(415)389-6800

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## 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	8/25/2016 DATE	By_	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By .	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By -	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By _	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

Recipient Committee	CALIFORNIA 410
	Page 2 of 4
COMMITTEE NAME YES ON HH - RESIDENTS FOR THE BEVERLY HILLS GARDEN & OPEN SPACE INITIATIVE, WITH MAJOR FUNDING BY OASIS WEST REALTY LLC / THE BEVERLY HILTON	I.D. NUMBER
	1383741

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
BANK OF MARIN	(415)927-8905	01-3429	06	
ADDRESS	CITY	STATE	ZIP CODE	
504 TAMALPAIS DRIVE	CORTE MADERA	CA	94925	

## 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	PAR TY
			Nonpartisan
			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
MEASURE HH	CITY OF BEVERLY HILLS	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

## Statement of Organization Recipient Committee

Recipient Committee			CALIFORNIA FORM 41	0
INSTRUCTIONS ON REVERSE			Page 3 of 4	
COMMITTEE NAME YES ON HH - RESIDENTS FOR THE BEVERLY HILLS GAP BEVERLY HILTON	DEN & OPEN SPACE INITIATIVE, WITH MAJOR	FUNDING BY OASIS WEST		]
4. Type of Committee (Continued)				······
General Purpose Committee Not formed to support of CITY Committee	r oppose specific candidates or measures in a single ele	ection. Check only one box:		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List additional sponsors on an	attachment.			
NAME OF SPONSOR	INDUSTRY GROUP OR AFFIL	IATION OF SPONSOR		
OASIS WEST REALTY LLC	REAL ESTATE DEVELOPM	IENT		
STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	
1800 CENTURY PARK EAST, SUITE 500	BEVERLY HILLS	CA	90067	
Small Contributor Committee	/ ed			

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.

ADDITIONAL COMMENTS

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For Form 410	FORM 410
	Page4 of _4
COMMITTEE NAME YES ON HH - RESIDENTS FOR THE BEVERLY HILLS GARDEN & OPEN SPACE INITIATIVE, WITH MAJOR FUNDING BY OASIS WEST REALTY LLC / THE BEVERLY HILTON	I.D. NUMBER 1383741

ADDITIONAL ADDRESS: 9903 SANTA MONICA BLVD., #433, BEVERLY HILLS, CA, 90212