

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>08 / 31 / 2021</u>	Date of termination _____ / _____ / _____

Date Stamp
indexed
12/28/21 ~~HA~~

CALIFORNIA FORM 410
For Official Use Only
BEV HILLS CITY CLERK
2021 DEC 28 AM 10:23

1. Committee Information				I.D. Number <u>1301562</u> <small>(if applicable)</small>				2. Treasurer and Other Principal Officers						
NAME OF COMMITTEE BEVERLY HILLS EDUCATION ASSOCIATION PAC				NAME OF TREASURER MARLA WEISS				NAME OF TREASURER						
STREET ADDRESS (NO P.O. BOX) 241 MORENO DRIVE				STREET ADDRESS (NO P.O. BOX) 241 MORENO DRIVE				STREET ADDRESS (NO P.O. BOX)						
CITY BEVERLY HILLS		STATE CA	ZIP CODE 90212	AREA CODE/PHONE [REDACTED]	CITY BEVERLY HILLS		STATE CA	ZIP CODE 90212	AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) VBALLMW81@SMAIL.COM				CITY BEVERLY HILLS				STATE CA	ZIP CODE 90212	AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S) ALANA CASTANON		
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE BEVERLY HILLS		STREET ADDRESS (NO P.O. BOX) 241 MORENO DRIVE				STREET ADDRESS (NO P.O. BOX)						
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY BEVERLY HILLS		STATE CA	ZIP CODE 90212	AREA CODE/PHONE		CITY		STATE	ZIP CODE	AREA CODE/PHONE

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 12/20/21 By *Marla Weiss*
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