

1458998

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and date fields for qualification and termination.

RECEIVED AND FILED in the office of the Secretary of State of the State of California. Date Stamp: MAR 13 2023

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1. Committee Information: Residents Against Overdevelopment, 123 North Palm Drive, Beverly Hills, CA 90210. I.D. Number (if applicable). 2. Treasurer and Other Principal Officers: Darian Bojeaux, 123 North Palm Drive, Beverly Hills, CA 90210, (310) 276-6847. Deborah Blum, 810 North Rodeo Drive, Beverly Hills, CA 90210, C/O (310) 276-6847. 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 March 3, 2023 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Residents Against Overdevelopment	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE (310) 285-0082	BANK ACCOUNT NUMBER 3057906889	
ADDRESS 9354 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	

**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
Cheval Blanc Hotel (CV)	City of Beverly Hills		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE