

**Statement of Organization  
Recipient Committee**

1436699

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CALIFORNIA FORM 410

Statement Type

Initial  
 Not yet qualified  
or  
 Date qualification threshold met

12 / 26 / 20

Amendment  
Date qualification threshold met

Date of termination

MAR 03 2021

JAN 11 2021

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indexed #A ✓

BEV HILLS CITY CLERK  
2021 MAR 17 PM 5:06

COVID-19 Filing

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Save Beverly Hills				NAME OF TREASURER Darian Bojeaux				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Beverly Hills		STATE CA		ZIP CODE 90210		AREA CODE/PHONE [REDACTED]	
CITY Beverly Hills		STATE CA		ZIP CODE 90210		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ResidentsDecide@gmail.com				STATE				ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Beverly Hills, County of Los Angeles, CA		NAME OF PRINCIPAL OFFICER(S) Darian Bojeaux				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				CITY Beverly Hills		STATE CA		ZIP CODE 90210		AREA CODE/PHONE [REDACTED]	

**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 2/26/21 By [Signature]  
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

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Save Beverly Hills	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 [REDACTED]	
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
Not yet on a ballot. Would likely be Mixed Use Proposition M	City of Beverly Hills		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE