

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Termination - See Part 6

Date qualification threshold met _____ Date qualification threshold met _____ Date of termination _____

Date Submitted
BEVERLY HILLS CITY CLERK
 2022 JAN 10 PM 2:37

CALIFORNIA FORM 410
 For Official Use Only
indexed
1/11/22 HA

1. Committee Information I.D. Number (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Shiva Bagheri for Beverly Hills City Council		NAME OF TREASURER Shiva Bagheri	
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE Beverly Hills, CA 90212	
FULL MAILING ADDRESS (IF DIFFERENT) 568 shivabagheri for bhcc @ shivastance@gmail.com		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S) NA	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		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 1/10/2022 By [Signature]
 Executed on 1/10/2022 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME Shiva Bagheri for Beverly Hills City Council ^{SAB}	LD. NUMBER Pending
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE 310-470-8372	BANK ACCOUNT NUMBER Pending
ADDRESS 10866 Wilshire Blvd, #101 Los Angeles, CA 90024	CITY Los Angeles	STATE CA
ZIP CODE 90024		

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)
Shiva Bagheri	Beverly Hills City Council		<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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

**Statement of Organization
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COMMITTEE NAME

Shiva Bagheri for Beverly Hills City Council

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I.D. NUMBER <u>Pending</u>

1. Type of Committee

City Committee **County Committee** **State Committee**
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Special Committee List additional sponsors on an attachment.

NAME OF SPONSOR _____ INDUSTRY GROUP OR AFFILIATION OF SPONSOR _____

STREET ADDRESS _____ NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Special Committee _____
Date qualified _____

5. Termination Requirements

- 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.