

**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="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	1392930 Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp

BEVERLY HILLS CITY CLERK
2022 MAR 15 PM 1:41

**CALIFORNIA
FORM 410**

For Official Use Only

indexed 3/16/22
HA ✓

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <i>REELECT JOHN MIRISCH - BEVERLY HILLS CITY COUNCIL 2022</i>				NAME OF TREASURER <i>LARRY LARSON</i>			
STREET ADDRESS (NO P.O. BOX) <i>6303 WILSHIRE BLVD., SUITE 201</i>				STREET ADDRESS (NO P.O. BOX) <i>6303 Wilshire Blvd., Suite 201</i>			
CITY <i>Los Angeles</i>	STATE <i>CA</i>	ZIP CODE <i>90048</i>	AREA CODE/PHONE <i>(323) 782-1145</i>	CITY <i>Los Angeles</i>	STATE <i>CA</i>	ZIP CODE <i>90048</i>	AREA CODE/PHONE <i>(323) 782-1145</i>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				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 March 14, 2022 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on March 14, 2022 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME John Mirisch for City Council	I.D. NUMBER 1392930
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION J.P. Morgan Chase Bank	AREA CODE/PHONE 310 246 9325	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 9245 Wilshire Blvd.	CITY Beverly Hills	STATE CA	ZIP CODE 90210

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		
John A. Mirisch	Beverly Hills City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>