

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 09-20-2020
 through 10-17-2020

Date of election if applicable:
 (Month, Day, Year)
11-03-2020

Date Stamp
 RECEIVED BY
 LA COUNTY
 9/21/23
 2023 SEP -5 PM 4:07
 CAMPAIGN FINANCE

CALIFORNIA FORM 450
 Page 1 of 4
 For Official Use Only
G10977

1. Type of Recipient Committee:

Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored

General Purpose Committee
 Sponsored
 Small Contributor Committee

Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

Pre-election Statement
 Semi-annual Statement
 Termination Statement

Quarterly Statement
 Special Odd-year Report

Amendment (Explain) Per request for LA County RRCC
 (Also check type of statement you are amending)
 Amended independent expenditures and calculations.

3. Committee Information

I.D. NUMBER
1301562

COMMITTEE NAME
Beverly Hills Education PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90212 323-687-6470

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Marla Weiss

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90212 323-687-6470

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify

Executed on 8/28/23 By _____
 DATE

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

ation contained herein is true and complete. I certify

 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	09-20-2020	
through	10-17-2020	Page <u>2</u> of <u>4</u>
NAME OF COMMITTEE		IID NUMBER
Beverly Hills Education Association IPAC		1301562

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	7,473
2. Expenditures under \$100 made this period (Not itemized.)		60
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<i>Add Lines 1 + 2</i>	\$ 7,533
4. Nonmonetary Adjustment	<i>From Line 8 Below</i>	0
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i>	\$ 2,598
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i>	\$ 10,131

Contributions Received

7. Monetary contributions received this period	\$	479
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>	\$ 5,380
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i>	\$ 5,859

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ 31,876
12. Cash receipts this period	<i>Line 7 above</i>	479
13. Miscellaneous increases to cash		0
14. Cash expenditures this period	<i>Line 3 above</i>	7,533
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 24,822

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/20/2020
through 10/17/2020

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Beverly Hills Education PAC

I.D. NUMBER

1301562

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
9/25/20	Mark Frenn Los Angeles, CA 90042	Reimbursement for Postage expenses	Noah Margo School Board Beverly Hills Unified <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1166	Calendar Year \$ <u>1944</u> Other \$ _____
9/25/20	Mark Frenn Los Angeles, CA 90042	Reimbursement for Postage expenses	Dr. Amanda Stern School Board Beverly Hills Unified <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1167	Calendar Year \$ <u>1946</u> Other \$ _____
9/25/20	Mark Frenn Los Angeles, CA 90042	Reimbursement for Postage expenses	Mary Wells School Board Beverly Hills Unified <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1167	Calendar Year \$ <u>1946</u> Other \$ _____
SUBTOTAL \$				3500	

* Required only for payments which are contributions or independent expenditures.

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/20/2020
through 10/17/2020

SHORT FORM

CALIFORNIA
FORM 450

Page 4 of 4

I.D. NUMBER
1301562

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Beverly Hills Education PAC

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
10/1/20	California Teachers Association (CTA) Burlingame, CA 94010 (FPPCID#: 741941)	Mailers/Postcards	Noah Margo School Board Beverly Hills Unified <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1325	Calendar Year \$ 3269 Other \$ _____
10/1/20	California Teachers Association (CTA) Burlingame, CA 94010 (FPPCID#: 741941)	Mailers/Postcards	Dr. Amanda Stern School Board Beverly Hills Unified <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1324	Calendar Year \$ 3270 Other \$ _____
10/1/20	California Teachers Association (CTA) FPPCID#: 741941)	Mailers/Postcards	Mary Wells School Board Beverly Hills Unified <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1324	Calendar Year \$ 3270 Other \$ _____
SUBTOTAL \$				3973	

* Required only for payments which are contributions or independent expenditures.