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Statement of Organization Recipient Committee

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CALIFORNIA FORM 410

Statement Type

Initial [] Not yet qualified [] or Date qualification threshold met [x] Amendment [] Date qualification threshold met [] Termination - See Part 5 [x] Date of termination 12 / 31 / 2023

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1. Committee Information I.D. Number 1449751

NAME OF COMMITTEE Farrah Dodes for School Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Inglewood CA 90301 (310) 817-6679

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) mymsanders@politicalreportingplus.com / (310) 672-6679

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles City of Beverly Hill

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER Michelle Moore Sanders

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Inglewood CA 90301

EMAIL ADDRESS OF TREASURER (REQUIRED) mymeanders@politicalreportingplus.com AREA CODE/PHONE (310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY Cine D. Ivery

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Inglewood CA 90301

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) cine@politicalreportingplus.com AREA CODE/PHONE (310) 817-6679

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

3. Verification

I have used all reasonable information contained herein is true and complete. I certify under penalty of perjury that

Executed on 01

Executed on 01

Executed on DATE

Executed on DATE

SIGNATURE OF TREASURER

OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Farrah Dodes for School Board 2022	I.D. NUMBER 1449751
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY Los Angeles	STATE CA	ZIP CODE 90071

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Farrah Dodes	Board of Education Beverly Hills Unified School Board City of Beverly Hills	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Farrah Dodes for School Board 2022

I.D. NUMBER
1449751

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored 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

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- 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.