

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**Statement Type**

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 1288369

07 / 01 / 06  
Date qualified as committee

07 / 01 / 06  
Date qualified as committee  
(if applicable)

Termination – See Part 5

List I.D. number:

# 1288369

04 / 15 / 11  
Date of Termination

Date Stamp <b>RECEIVED</b> CITY OF BEVERLY HILLS 2011 MAR -9 1 P 5:04 CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 410</b> For Official Use Only  indexed 3/9/11 pp
---	--

**1. Committee Information**

NAME OF COMMITTEE

Committee To Elect Nancy Krasne for City Council

STREET ADDRESS (NO P.O. BOX)

917 Oxford Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90210	310 550-1241

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

Nancy@Krasne.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Bob Wood

STREET ADDRESS (NO P.O. BOX)

1232 Laurel Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90210	310 276-0567

NAME OF ASSISTANT TREASURER, IF ANY

Vera Fleishman

STREET ADDRESS (NO P.O. BOX)

15514 Hamner Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90077	310 472-1600

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 9, 2011  
DATE

Executed on March 9, 2011  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Bob Wood  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Nancy H. Krasne  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, 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

Page 2

COMMITTEE NAME

Committee to Elect Nancy Krasne for City Council

I.D. NUMBER

1288369

**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 "non-partisan."
- 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
Nancy Krasne	Councilmember, City of Beverly Hills	2011	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	800 877--4833	311 2173251	
ADDRESS	CITY	STATE	ZIP CODE
Camden Drive	Beverly Hills	CA	90210

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE