

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 31 / 2022

RECEIVED
DEC 28 2022

**CITY OF WESTLAKE VILLAGE
WESTLAKE VILLAGE, CA**

**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1451909 <small>(if applicable)</small>							
NAME OF COMMITTEE Friends of Marc Bakerman for Westlake Village City Council 2022				NAME OF TREASURER Marc Bakerman			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]		CITY [REDACTED]		STATE [REDACTED]	
ZIP CODE [REDACTED]		AREA CODE/PHONE 8188089336		ZIP CODE [REDACTED]		AREA CODE/PHONE 8188089336	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) marcbakermanwlv@gmail.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Westlake Village		CITY [REDACTED]		STATE [REDACTED]	
				NAME OF PRINCIPAL OFFICER(S) Marc Bakerman		ZIP CODE [REDACTED]	
				STREET ADDRESS (NO P.O. BOX) [REDACTED]		AREA CODE/PHONE 8188089336	
<i>Attach additional information on appropriately labeled continuation sheets.</i>							
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	<u>12/31/2022</u>	By	[REDACTED]	TREASURER
Executed on	<u>12/31/2022</u>	By	[REDACTED]	DATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT