

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified

or
 Date qualified as committee _____/_____/_____ Date qualified as committee _____/_____/_____ Date of termination _____/_____/_____

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2018 SEP 10 AM 8:03
SANTA MONICA, CALIF.

**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Re-Elect Nicole Phillis for Rent Control Board 2018

NAME OF TREASURER
Max Kanin
STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Beverly Hills CA 90210-4840 (424) 256-6214

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Monica CA 90403-1147 (603) 566-1183

NAME OF ASSISTANT TREASURER, IF ANY
Nicole Phillis
STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Nicole.s.phillis@gmail.com/(310) 274-5024

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Monica CA 90403-1147 (603) 566-1183

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Santa Monica

NAME OF PRINCIPAL OFFICER(S)
Nicole Phillis, Max Kanin
STREET ADDRESS (NO P.O. BOX)

Attach additional information on appropriately labeled continuation sheets.

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Monica CA 90403-1147 (603) 566-1183

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 08/02/2018 By Nicole Phillis SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 08/02/2018 By Nicole Phillis SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Re-Elect Nicole Phillis for Rent Control Board 2018	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A.	AREA CODE/PHONE (213) 253-6600	BANK ACCOUNT NUMBER	
ADDRESS	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Nicole Phillis	Santa Monica Rent Control Board	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Democratic
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>