

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY OF BEVERLY HILLS	Page <u>1</u> of <u>7</u>
2017 JAN 27 P 2:07	For Official Use Only indexed 1/27/17 bp
CITY CLERK'S OFFICE	

Statement covers period from <u>January 1, 2017</u> through <u>January 21, 2017</u>	Date of election if applicable: (Month, Day, Year) <u>March 7, 2017</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1390903

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Eliot Finkel for City Council (2017)

STREET ADDRESS (NO P.O. BOX)
9100 Wilshire Boulevard, Ste. 530-East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90211	(310)271-2521

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
efinkel@efinvest.com

Treasurer(s)

NAME OF TREASURER
Daniel M. Yukelson

MAILING ADDRESS
9560 1/2 West Olympic Boulevard

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90212	(310)203-9909

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
danyukelson@gmail.com

4. Verification

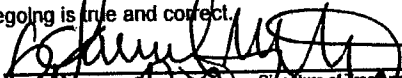
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Executed on January 26, 2017
Date

Executed on January 26, 2017
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Eliot Finkel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council of Beverly Hills

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9100 Wilshire Boulevard, Ste. 530-E Beverly Hills, CA 90211

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>January 1, 2017</u> through <u>January 21, 2017</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u> </u>
I.D. NUMBER 1390903	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Eliot Finkel for City Council (2017)

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>4,610</u>	\$ <u>4,610</u>
2. Loans Received..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>4,610</u>	\$ <u>4,610</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>4,610</u>	\$ <u>4,610</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>4,610</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>13,832</u>	\$ <u>0</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>13,832</u>	\$ <u>13,832</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>13,832</u>	\$ <u>13,832</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>13,832</u>	\$ <u>13,832</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u>n/a</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>22,587</u>
13. Cash Receipts..... Column A, Line 3 above	<u>4,610</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>13,832</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>13,365</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
18. Cash Equivalents..... See instructions on reverse	\$ <u>13,365</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>25,100</u>

Schedule A
Monetary Contributions Received

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

Statement covers period from <u>January 1, 2017</u> through <u>January 21, 2017</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

Friends of Eliot Finkel for Beverly Hills City Council (2017)

I.D. NUMBER 1390903

DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)					CONTRIB. CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ETNER NAME OF BUSINESS)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	First Name	Last Name	Street	City	Zip		Occupation	Employer (If Applic.)			
1/3/17	Arnold	Rosenstein	614 N. Canon Dr.	Beverly Hills	90210	IND	Investor	New Pacific Realty	\$450.00		\$450.00
1/3/17	Anita	Rosenstein	614 N. Canon Dr.	Beverly Hills	90210	IND	Money Mgr.	AR Asset Mgt.	\$450.00		\$450.00
1/4/17	Murray	Dry	76 Seymour Street	Middlebury	05753	IND	Professor	Middlebury College	\$200.00		\$200.00
1/8/17	Katayoon	Melamed	500 Usher Place	Beverly Hills	90210	IND	Self Employed	Melamed International	\$300.00		\$300.00
1/8/17	Mojgan	Melamed	500 Usher Place	Beverly Hills	90210	IND	Self Employed	Melamed International	\$300.00		\$300.00
1/8/17	Reoben	Melamed	500 Usher Place	Beverly Hills	90210	IND	Self Employed	Melamed International	\$300.00		\$300.00
1/8/17	Soraya	Melamed	500 Usher Place	Beverly Hills	90210	IND	Homemaker		\$300.00		\$300.00
1/8/17	Shahram	Melamed	445 Martin Lane	Beverly Hills	90210	IND	Consultant		\$600.00		\$600.00
1/8/17	Michael	Libow	516 North Walden Drive	Beverly Hills	90210	IND	Real Estate Sales	Coldwell Banker	\$180.00		\$180.00
1/2/17	Mildred	Kaufman	2310 Century Hill	Los Angeles	90067	IND	Retired	n/a	\$100.00		\$100.00
1/12/17	Gloria	Jennings	405 North Palm Drive	Beverly Hills	90210	IND	Retired	n/a	\$100.00		\$100.00
1/14/17	Ellen	Sherwood	114 N. Maple Drive	Beverly Hills	90210	IND	Retired	n/a	\$200.00		\$200.00
1/13/17	Constance	Abell	676 Elkins Road	Beverly Hills	90210	IND	Retired	n/a	\$200.00		\$200.00
1/7/17	Arnold	Bernstein	19010 Pacific Coast Highway	Malibu	90265	IND	Cert. Public Accountant	Arnold Bernstein, CPA	\$450.00		\$450.00
1/16/17	Scott	Miller	700 S. Lake Avenue Unit 306	Pasadena	91106	IND	Executive	City of Riverside	\$450.00		\$450.00
									\$0.00		\$0.00

Schedule A
 Monetary Contributions Received

Type or print in ink.

Amounts may be rounded
 whole dollars

Statement covers period from <u>January 1, 2017</u> through <u>January 21, 2017</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

Friends of Eliot Finkel for Beverly Hills City Council (2017)

I.D. NUMBER 1390903

DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIB. CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
First Name	Last Name	Street	City	Zip	Occupation	Employer (If Applic.)
SUBTOTALS				\$4,580.00		

SCHEDULE A SUMMARY

1. Amount received this period - Itemized monetary contributions. (Include all Schedule A subtotals.).....	\$4,580.00
2. Amount received this period - unitemized monetary contributions of less than \$100.....	\$30.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	\$4,610.00

* Contributor Codes	
IND - Individual	
COM - Recipient Committee	
OTH - Other (e.g., business entity)	
PTY - Political Party	
SCC - Small Contributor Committee	

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>January 1, 2017</u> through <u>January 21, 2017</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Eliot Finkel for City Council (2017)

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Eliot Finkel 9100 Wilshire Boulevard, Ste. 530-East Beverly Hills, California 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Advisor / Eliot Finkel Investment Council	\$ 100	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 100 Demand DATE DUE	0 % RATE \$ 0	\$ 100 8/25/16 DATE INCURRED	CALENDAR YEAR \$ 100 PER ELECTION** \$ 100
Eliot Finkel 9100 Wilshire Boulevard, Ste. 530-East Beverly Hills, California 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Advisor / Eliot Finkel Investment Council	\$ 25,100	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 25,000 Demand DATE DUE	0 % RATE \$ 0	\$ 25,000 12/14/16 DATE INCURRED	CALENDAR YEAR \$ 25,000 PER ELECTION** \$ 25,000
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$		0 \$	0 \$	0 \$	25,100 \$	0		

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

(Enter (e) on Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Type or print in ink.

Amounts may be rounded
whole dollars

Statement covers period from <u>January 1, 2017</u> through <u>January 21, 2017</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

Friends of Eliot Finkel for City Council (2017)

I.D. NUMBER
1390903

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MTG meetings and aparances	RAD radio airtime and production costs
CNS campaign consultants	OFC office expenses	RFD returned contributions
CTB contribution (explain nonmonetary)*	PET petition circulation	SAL campaign workers' salaries
CVC civic donations	PHO phone banks	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	POL polling and survey research	TRC candidate travel, lodging, and meals
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse trave, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRT print ads	VOT voter registration
LIT campaign literature and mailings		WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION	AMOUNT PAID
Pettet Printing 10888 La Tuna Canyon Rd. Unit Q Sun Valley CA 91352	LIT		\$206
Julia Chiacchiere 2700 Ellendale Place, Los Angeles CA	CMP		\$1,500
Urblinks 2633 Lincoln Boulevard, Suite 837 Santa Monica CA	CNS	Logo Design	\$3,750
California Voter Guide 1954 W. Carson Ste B Torrance CA 90501	PRT		\$126
Budget Watchdogs 1954 W. Carson Ste B Torrance CA 90501	PRT		\$305
Julia Chiacchiere 2700 Ellendale Place, Los Angeles CA	PRT	Reimbursement - Facebook Advertising	\$100
Dakota Communications 800 Wilshire Boulevard Suite #410 Los Angeles CA	CMP		\$4,000
Julia Chiacchiere 2700 Ellendale Place, Los Angeles CA	CMP		\$1,500
Pettet Printing 10888 La Tuna Canyon Rd. Unit Q Sun Valley CA 91352	LIT		\$1,257
Political Data Inc. P.O. BOX 59570 Norwalk, CA 90652	POL		\$1,000

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$13,744

SCHEDULE E SUMMARY

1. Itemized payments made this period. (Include all Schedule E Subtotals).....	\$13,744
2. Unitemized payments made this period of under \$100.....	\$88
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0
4. Total payments made this period. (add Lines 1,2,3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$13,832