

2020-3

1/28/2021 (1)

RECEIVED BY
LOS ANGELES COUNTY

2021 FEB -1 PM 1:00

Recipient Committee
Campaign Statement
Cover Page

Date Stamp CAMPAIN	CALIFORNIA FORM 460
Page _____ of _____	
For Official Use Only 020994 C11504	

Statement covers period from 10/18/20 through 12/31/20	Date of election if applicable: (Month, Day, Year)
--	---

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1430592

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Benjamin Liker for School Board 2020

STREET ADDRESS (NO P.O. BOX):

CITY: Beverly Hills, STATE: CA, ZIP CODE: 90210, AREA CODE/PHONE: (310)

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s): Grace Tillman

MAILING ADDRESS: Belmont CA 94002 (650)

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

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

Executed on: 1/27/21 <small>Date</small>	By: _____
Executed on: 1/27/21 <small>Date</small>	By: _____ <small>is Officer of Sponsor</small>
Executed on: _____ <small>Date</small>	By: _____ <small>Signature of Controlling Officer/candidate, Candidate, State Measure Proponent</small>
Executed on: _____ <small>Date</small>	By: _____ <small>Signature of Controlling Officer/candidate, Candidate, State Measure Proponent</small>

alc

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

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page _____ of _____	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Benjamin Liker

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Beverly Hills School Board

RESIDENTIAL BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
Beverly Hills, CA 90210

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
----------------------	--------------	---

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
-----------------------	---------------------

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>10/18/20</u> through <u>12/31/20</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>1430592</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions.....	Schedule A, Line 3	\$ 0	\$ 502	1/1 through 6/30	7/1 to Date
2. Loans Received.....	Schedule B, Line 3	0	900	20. Contributions Received	\$ 1402
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	0	1402	21. Expenditures Made	\$ 1110
4. Nonmonetary Contributions.....	Schedule C, Line 3	0	0		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	0	1402		

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Expenditure Limit Summary for State Candidates	
6. Payments Made.....	Schedule E, Line 4	\$ 0	\$ 1110	22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)
7. Loans Made.....	Schedule H, Line 3	0	0	Date of Election (mm/dd/yy)	Total to Date
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	0	1110	_____/_____/_____	\$ _____
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0	0	_____/_____/_____	\$ _____
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0	0		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	0	1110		

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 293
13. Cash Receipts.....	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0
15. Cash Payments.....	Column A, Line 8 above	0
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 293

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).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0
Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents.....	See instructions on reverse	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 0

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