Recipient Committee Campaign Statement	LOS ANGESSE COUN CALIFORNIA 460						
Cover Page	Statement covers period from 10/18/2020	Date of Election if applicable 2121 JAN 13	FINANCE For Official Use Only				
	through 12/31/2020	(Month, Day, Year) -12-21	018626 CII368				
1. Type of Recipient Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement	☐ Quarterly Statement ☐ Special Odd-Year Statement ☐ Supplemental Pre-election Statement - Attach Form 495				
3. Committee Information	I.D. Number 1427452	Treasurer(s)					
COMMITTEE NAME Noah Margo For Beverly Hills Scho	ool Board 2020	NAME OF TREASURER Jane Leiderman STREET ADDRESS					
STREET ADDRESS (NO PO BOX)		CITY Encino	STATE ZIP CODE AREA CODE/PHONE CA 91436 323/655-4065				
CITY Encino	STATE ZIP CODE AREA CODE/PHON CA 91436 323/655-4065	NAME OF ASSISTANT TREASURER, IF ANY					
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS					
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE AREA CODE/PHONE				
OPTIONAL: FAX / E-MAIL ADDRÉSS		OPTIONAL: FAX / E-MAIL ADDRESS					
4. Verification I have used all reasonable diligence in procomplete. I certify under penalty of periods. Executed on		e and corre	rmation contained herein is true and ct.				
Executed on 1/6/2021	Ву	REASURER					
Executed on	By	PONENT OR RESP	PONSIBLE OFFICER OF SPONSOR				
	SIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PL	ROPONENT				
Executed on	BySIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PA	ROPONENT FPPC Form 460 -(JAN/2016).				
			State of California/SI				

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460

Page

Statement covers period om 10/18/2020

2 of 9

			through 12/3	31/2020		
Officeholder or Candidate Controlled	Committee	6. Primarily Formed Ba	llot Measure Cor	nmittee		
NAME OF OFFICEHOLDER OR CANDIDATE Noah P. Margo		NAME OF BALLOT MEASU	RE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A Board of Education Beverly Hil		BALLOT NO. OR LETTER	JURISDICTION	30 5 3 4 1 5 4 C		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	ET) CITY STATE ZIP Beverly Hills CA 90212	Identify the controllin	g officeholder, car	ndidate, or state m	easure prop	onent, if any.
		NAME OF OFFICEHOLDER	OR CANDIDATE OR F	PROPONENT		
Related Committees Not Included in t not included in this statement that are control receive contributions or make expenditures of	lled by you or are primarily formed to	OFFICE SOUGHT OR HELD)	ALL	DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER					5.5
		7. Primarily Formed Ca			nittee is orima	arily formed
NAME OF TREASURER	CONTROLLED COMMITTEE ?	NAME OF OFFICEHOLDER		OFFICE SOUGHT		
COMMITTEE STREET ADDRESS (NO P.O. BOX)	1					SUPPORT
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	1
COMMITTEE NAME	I.D. NUMBER		1			SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE ?	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE STREET ADDRESS (NO P.O. BOX)						OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

NAME OF FILER Noah Margo For Beverly Hills School Board 2020

1427452

Coi	ntributions 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			
1. Monetary Contributions		\$	570.00	\$ 11,190.00	General Elections.			
2.	Loans Received		9,517.16	10,517.16	1/1 through 6/30 7/1 to Date			
3.	SUBTOTAL CASH CONTRIBUTIONS	\$	10,087.16	\$ 21,707.16	20. Contributions Received \$\$			
4.	Nonmonetary Contributions		0.00	0.00	21. Expenditures			
5.	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	10,087.16	\$ 21,707.16	Made 3 3			
Exp	penditures Made							
6.	Payments MadeSchedule E, Line 4	\$	11,645.66	\$ 21,739.54	Expenditure Limit Summary			
7.	Loans Made		0.00	0.00	for State Candidates			
8.	SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$	11,645.66	\$ 21,739.54	22. Cumulative Expenditures Made *			
9.	Accrued Expenses (Unpaid Bills) Schedule F. Line 3		0.00	0.00	(If Subject to Voluntary Expenditure Limits)			
10	. Nonmonetary Adjustment		0.00	0.00				
11	. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	11,645.66	\$ 21,739.54				
Cu	rrent Cash Statement				· · · · · · · · · · · · · · · · · · ·			
12	. Beginning Cash Balance	\$	1,526.12		\$			
13	. Cash Receipts	_	10,087.16		* Amounts in this Section may be different from amounts			
14	. Miscellaneous Increases to CashSchedule I, Line 4	_	32.38		reported in Column B.			
15	. Cash Payments Column A. Line 8 above		11,645.66					
16	. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00					
17	LOAN GUARANTEES RECEIVED	\$	0.00					
	sh Equivalents and Outstanding Debts							
	. Cash Equivalents	\$	0.00					
19	Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$	10,517.16		FPPC Form 460 -(JAN/20' State of California			

SCHEDULE A

Schedule A Monetary Contributions Received

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 12/31/2020
 Page
 4 of 9

NAME OF FILER Noah Margo For Beverly Hills School Board 2020

I.D. NUMBER 1427452

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2020	Judie Fenton Beverly Hills, CA 90212	IND	Consultant FTA Events	150.00	150.00	
11/17/2020	Gary S Greene Beverly Hills, CA 90210	IND	Attorney Gary S Greene	100.00	100.00	
11/27/2020	Steven I. Smith Beverly Hills, CA 90211	IND	Real Estate PHS Properties LP	150.00	150.00	

SUBTOT	AL\$	400.00	
Schedule A Summary			** Contributor Codes IND - Individual
Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	400.00	COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party
2. Amount received this period - unitemized	\$	170.00	SCC - Small Contributor Committee
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	AL\$	570.00	FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1 Loans Received

CALIFORNIA FORM Statement covers period 10/18/2020 12/31/2020 Page 5 of 9

through

NAME OF FILER Noah Margo For Beverly Hills School Board 2020

I.D. NUMBER 1427452

				The games of the same of the s				
ULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Noah P. Margo Beverly Hills, CA 90212		1,000.00		PAID 482.84	517.16	0.00	1,000.00	CALENDAR YEA 10,517 PER ELECTION
Contributor Code: IND					DUE DATE 08/28/2021	INTEREST RATE 0.00 %	08/28/2020	
Noah P. Margo			10000.00	PAID	10000.00	0.00	10,000.00	CALENDAR YEA
Beverly Hills, CA 90212				FORGIVEN	DUE DATE	INTEREST RATE	DATE INCURRED	PER ELECTION
Contributor Code: IND					/ /	0.00 %	11/04/2020	

SUBTOTALS \$	(b) 10,000.00	(C) 482.84	(d) 10,517.16	(e) 0.00	
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)			\$10,000 \$482	.00	Contributor Codes ND - Individual OM - Recipient Committee (other than PTY or SCC) ITH - Other ITY - Political Party ICC - Small Contributor Committee
Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.		··· NET	9,517	.16	FPPC Form 460 -(JAN/2016)

Schedule E Payments Made

NAME OF FILER Noah Margo For Beverly Hills School Board 2020

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)
CVC civic donations

FIL candidate filing / ballot fees

FND fundraising expenses IND independent expenditures supporting/opposing others

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable production costs

TRC candidate travel, lodging and meals TRS staff/spouse travel, lodging and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE	DESCRIPTION OF PAYMENT	AMOUNTPAID
American Express		See Schedule G for payees reaching disclosure threshold.	9,519.49
Carson, CA 90746			
American Express		See Schedule G for payees reaching disclosure threshold.	199.96
Carson, CA 90746			
Gluck Marketing Group	CNS		373.00
Beverly Hills, CA 90210			
		SUBTOTA	L\$ 10,092.45

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 11,601.80
2.	Unitemized payments made this period of under \$100	\$ 43.86
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4.	Total payments made this period. (Add Line 1.2 and 3. Enter here and on the Summary Page, Column A. Line 6.)	\$ 11,645.66

SCHEDULE E

Schedule E (Continuation Sheet) Payments Made

NAME OF FILER Noah Margo For Beverly Hills School Board 2020

1427452

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

PRT print ads

CMP campaign paraphernalia/misc. MBR
CNS campaign consultants MTG
CTB contribution (explain nonmonetary) OFC
CVC civic donations PET
FIL candidate filing / ballot fees PHO
FND fundraising expenses POL

IND independent expenditures supporting/opposing others LEG legal defense

LIT campaign literature and mailings

RAD radio airtime and production costs MBR member communications MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable production costs TRC candidate travel, lodging and meals PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging and meals TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting)

VOT voter registration
WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNTPAID
Leiderman & Associates Inc.	PRO	1,509.35
Encino, CA 91436		

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

NAME OF FILER Noah Margo For Beverly Hills School Board 2020

1427452

NAME OF AGENT OR INDEPENDENT CONTRACTOR American Express

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)

CVC civic donations

FIL candidate filing / ballot fees

FND fundraising expenses

IND independent expenditures supporting/opposing others LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses
PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable production costs

TRC candidate travel, lodging and meals

TRS staff/spouse travel, lodging and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet,e-mail)

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Click Send	WEB		140.00
Berkeley, CA 94705			
HSG Campaigns	LIT		9,203.53
Pasadena, CA 91101			
Mailchimp	WEB		119.96
Atlanta, GA 30308			
Mailchimp	WEB		123.96
Atlanta, GA 30308			

TOTAL \$

9,587.45

SCHEDULEI

Schedule I Miscellaneous I	Increases to Cash	Statement covers period from 10/18/2020	CALIFORNIA 460
		through 12/31/2020	Page 9 of 9
NAME OF FILER Noah Ma	argo For Beverly Hills School Board 2020		I.D. NUMBER 1427452
DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
			*

SUBTOTAL	\$	
Schedule I Summary		
1. Itemized increases to cash this period	\$	0.00
2. Unitemized payments made this period of under \$100	\$	32.38
3. Total interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14	. \$	32.38

2020-3-COPY

Statement of C Recipient Con		Reiv	LOS/	RECEPTED BY ANGELES COUNT	CALIFO	
Statement Type	☐ Initial ☐ Not yet qualified ☐ Or ☐ Date qualification threshold met			JAN 13 PM 2:5 MPAIGN FINANC 1-12-21 91S	019	or Official Use Only 8524 C11368
1. Committee Ir	nformation I.D. Number		2. Treasurer and Ot	her Principal Officer	S	
NAME OF COMMITTEE Margo For Schoo	and the same of th		Jane Leiderman street address (NO P.O. BOX)		-10-10-10-10-10-10-10-10-10-10-10-10-10-	
STREET ADDRESS (NO P.O	D. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Encino	CA	91436	323-655-4065
CITY	STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY		
Encino	CA 91	436 310-985-0337		*		
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUII	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
			STREET ADDRESS (NO P.O. BOX)	A comment of the comm		
Attach additional	information on appropriately lab	eled continuation sheets.	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
	easonable diligence in prepari ry under the laws of the State		4, 2 4 1 1 1 1 1 1	n contained herein is true	The state of the s	e. I certify under
Executed on	16/2021 By		TANT TREASURER			
Executed on	DATE By	SIGNATIOS OS CONTRO	ITE, OR STATE MEAS			mv
Executed on	DATE By		LLING OFFICEHOLDER, CANDIDATE, OR STATE MEA			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

** All committees must list the financial institution where the campaign bank account is located. ** All committees must list the financial institution where the campaign bank account is located. ** All committees must list the financial institution where the campaign bank account is located. ** AME CORPHININE** ** AND CORPHININE** ** AND CORPHININE** ** AND CORPHININE** ** ADD COMMITTEE COMMITTE	statement of Organization Recipient Committee						ORNIA 4	10
Margo For School Board 2020 All committees must list the financial institution where the campaign bank account is located. AREA CODE/PRIONE AREA CODE/PRIONE AREA CODE/PRIONE BANK ACCOUNT NUMBER First Republic Bank ADDRESS CITY STATE 78 PCODE LOS Angeles CA 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 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE) 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) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLE) CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLE) OCHARDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES) CANDIDATE(S) OFFIce SOUGHT OR RELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES) CANDIDATE(S) OFFICE SOUGHT OR RELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES) CANDIDATE(S) OFFICE SOUGHT OR RELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES) CANDIDATE(S) OFFICE SOUGHT OR RELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES) CANDIDATE(S) OFFICE SOUGHT OR RELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES) CANDIDATE(S) OFFICE SOUGHT OR RELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NUMBER IF APPLICABLES)	NSTRUCTIONS ON REVERSE							
AREA CODE/PHONE AREA C	The state of the s					I.D. NUMBER	1427452	
First Republic Bank ADDRESS OTY STATE ZIPCODE LOS AngeleS CA 90071 4. Type of Committee Can goon 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 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE) 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) EARCALL 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) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECTURE OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECTURE OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECTURE OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	All committees must list the financial institution where the campaign	a bank account is located.						
ADDRESS CA 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 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE) 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) 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) CHIEF OR CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE BISTRICT NO. CITY OR COUNTY, AS APPLICABLE)	NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACC	OUNT NUMBER				
Los Angeles CA 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 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. RELECTIVE OFFICE SOUGHT OR HELD FELECTION OFFICE SOUGHT OR HELD FINAL OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICE HOLDER'S NAME. CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. CHECKORE CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECKORE CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	First Republic Bank							
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 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 YEAR OF ELECTION OHORT OR HELD OHORD OHORT OR HELD OHORD OHORT OR HELD OHORD OHORT OR HELD OHORD OHORT	ADDRESS	CITY	STATE	ZIP C	CODE			
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 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION CHECKOME ■ Nonpartisan Partisan (list political partisan) (Los Angeles	CA	900	071			
List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or 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	. Type of Committee Complete the applicable sections.	TOOL TOO			922	-		
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 NAME OF CANDIDATE OFFICEHOLDER/STATE MEASURE PROPONENT ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY CHECK ONE	Controlled Committee							
Margo, Noah School Board of Beverly Hills 2020 Nonpartisan Partisan (list political partical partic	If this committee acts jointly with another controlled committee	ee, list the name and identifica	ation number of the of	her controlled	committee.	RTY		
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) CHI			JMBER IF AFFEICABLE)	T	Nonpartisan		(list political part	
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) CHI	Variable Var	0011001 0001 0 01 00101	ly Hills	2020	1			y below)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)			ly Hills	2020		Partisan	(list political part	
SUPPORT					Nonpartisan	Partisan	(list political part	
	Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I	r oppose specific candidates c	or measures in a single	election. List	Nonpartisan below: E(s) JURISDICTIO			
SUPPORT	Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I	r oppose specific candidates c	or measures in a single	election. List	Nonpartisan below: E(s) JURISDICTIO		CHEC	y below)

Statement of Organization Recipient Committee				CALIFORNIA 410		
INSTRUCTIONS ON REVERSE	Page 3					
COMMITTEE NAME				I.D. NUMBER		
Margo For School Boar	rd 2020			1427452		
4. Type of Committee	(Continued)					
General Purpose Commit	Not formed to support or o	ppose specific candidates or measures in COUNTY Committee	a single election. Check only one STATE Committee	e box:		
PROVIDE BRIEF DESCRIPTION OF ACTIVIT	Υ					
Sponsored Committee	List additional sponsors on an atta	achment.				
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION O	F SPONSOR			
STREET ADDRESS NO	. AND STREET	CITY	STATE ZIP COD	AREA CODE/PHONE		
Small Contributor Commi	Date qualified	_		- 100 - 100		
		the treasurer, assistant treasurer and/or candidate,	officeholder, or proponent certify that all	of the following conditions have been met:		

- · This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.