

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

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CITY OF WEST HOLLYWOOD
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Secretary of State

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CALIFORNIA FORM 410

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1. Committee Information

NAME OF COMMITTEE

Nick Garzilli for WeHo City Council 2013

STREET ADDRESS (NO P.O. BOX)

1134 Alta Loma Rd APT 205 (310) 729 6905

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90069

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nick Garzilli

STREET ADDRESS (NO P.O. BOX)

1134 Alta Loma Rd APT 205 (310) 729 6905

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90069

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

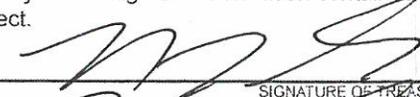
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/12/12
DATE

Executed on 12/12/12
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT