	Ownerisation				STATEMENT OF ORGANIZATION				
Statement of Organization Recipient Committee		Type or print in ink			Date:	CALIFORNIA 410			
Statement Type	Initial Not yet qualified ☐ or	List I.D. number:	Termination - See Part 5 List I.D. number: # Date of Termination		12 SEP - 4 FPMici 12-9/814 OPFICE OF THE CITY OLERX				
	Date qualified as committee	Date qualified as committee (# applicable)							
1. Committee	Information		2	. Treasurer and Ot	her Princip	al Offic	ers		
NAME OF COMMITT				NAME OF TREASURER NORMAN LEE STREET ADDRESS (NO P.O. E					
STREET ADDRESS (NO P.O. BOX)				8581 SANTA MOI			1 ZIP CODE 90069	AREA CÓDE/PHONE (323)793-1023	
8581 SAN	TA MONICA BLVD # STAT	ZOG E ZIP CODE AREA COD	E/PHONE	NAME OF ASSISTANT TREAS		c <u>A</u>	1 9007	(3231110 1023	
MEST HOL MAILING ADDRESS	LYUOOD CA	. 90069 (323)391-	3545	STREET ADDRESS (NO P.O. E	BOX)				
CHRISTOPY OPTIONAL: FAX / I	AER <u>@ Landavazo - Ce</u> e-mailaddress	2W		NAME OF PRINCIPAL OFFICE		STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMI	CILE COUNTY W THAN COU	HERE COMMITTEE IS ACTIVE IF DIFFE NTY OF DOMICILE	RENT	ANGEL AGUSTILLI STREET ADDRESS (NO P.O.					
LOS ANGELS	<u> </u>			8581 SANTA MON	IICA BLVD	# 209 STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				MEST HOLLYWOOD		CA.	90069	(626)665-0966	
perjury under the	reasonable diligence in prepar ne laws of the State of Californ O9-03-12 DATE	ring this statement and to the best ia that the foregoing is true and a By By By	st of my know correct.	Mul	OF TREASURER OR A	SSISTANT TRE	ASURER	OPONENT	
	09-03-12 DATE	ву	NK	SIGNATURE OF CONTROLLING C					