

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

08, 18, 12
Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp	CALIFORNIA FORM 410
	<i>For Official Use Only</i> CITY OF WEST HOLLYWOOD
	12 AUG 23 PM 2:20 OFFICE OF THE CITY CLERK

1. Committee Information

NAME OF COMMITTEE
WEST HOLLYWOOD TERM LIMITS 2013

STREET ADDRESS (NO P.O. BOX)
1220 HAVENHURST DRIVE #12

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>WEST HOLLYWOOD</u>	<u>CA</u>	<u>90046</u>	<u>323-656-0850</u>

MAILING ADDRESS (IF DIFFERENT)
PO BOX 69724, WEST HOLLYWOOD, CA 90069

OPTIONAL: FAX / E-MAIL ADDRESS
323-656-0850 / RUSTYDANG@SBCGLOBAL.NET

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
<u>LOS ANGELES</u>	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
ALLEGRA ALLISON

STREET ADDRESS (NO P.O. BOX)
1034 N. HAYWORTH AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>WEST HOLLYWOOD</u>	<u>CA</u>	<u>90046</u>	<u>323-656-2545</u>

NAME OF ASSISTANT TREASURER, IF ANY
DEBBIE MEISTER

STREET ADDRESS (NO P.O. BOX)
526 WESTMOUNT DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>WEST HOLLYWOOD</u>	<u>CA</u>	<u>90048</u>	<u>424-777-0655</u>

NAME OF PRINCIPAL OFFICER(S)
SHEILA LIGHTFOOT

STREET ADDRESS (NO P.O. BOX)
1220 HAVENHURST DRIVE #12

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>WEST HOLLYWOOD</u>	<u>CA</u>	<u>90046</u>	<u>323-656-0850</u>

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 8/22/2012
DATE

Executed on 8/22/2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By Allegra Allison
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
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

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME

I.D. NUMBER

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 held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
N/A			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
N/A		
ADDRESS	CITY	STATE ZIP CODE

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) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
PURPOSE: A CITY COUNCIL TERM LIMITS INITIATIVE (NAME OF MEASURE NOT YET DESIGNATED BY CITY)	WEST HOLLYWOOD	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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I.D. NUMBER

COMMITTEE NAME

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

N/A

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- 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.