

**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:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination – See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

Date Stamp <b>RECEIVED</b> CITY OF WEST HOLL <b>13 JAN 15 PM 1:16</b> OFFICE OF THE CITY CLERK	<b>CALIFORNIA</b> <b>FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
FRIENDS OF STEVE MARTIN

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STREET ADDRESS (NO P.O. BOX)  
812 N Huntley Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	310-551-2811

MAILING ADDRESS (IF DIFFERENT)

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OPTIONAL: FAX / E-MAIL ADDRESS

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COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Adam Devejian

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STREET ADDRESS  
1271 Ozeta Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90069	310-659-7661

NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

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MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

**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 11/8/13 DATE  
Executed on 1/11/13 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By [Signature] 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

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

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COMMITTEE NAME

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FRIENDS OF STEVE MARTIN

I.D. NUMBER

891964

## 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
STEVE MARTIN	West Hollywood City Council	2013	<input checked="" 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	
Citibank	800-627-3999	7434139999	
ADDRESS	CITY	STATE	ZIP CODE
1180 S Beverly Drive	Los Angeles	CA	90035

### 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	
		SUPPORT	OPPOSE

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FRIENDS OF STEVE MARTIN

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I.D. NUMBER

891964

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.