

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5

List I.D. number:

# 1354408

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

RECEIVED  
CITY OF WEST HOLLYWOOD

6/30/2013 JUL 31 PM 4:34

OFFICE OF THE CITY CLERK

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Nick Garzilli for Weho City Council 2013

STREET ADDRESS (NO P.O. BOX)

1134 Alta Loma Rd #205

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90069 (310) 724-6165

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Nick Garzilli

STREET ADDRESS (NO P.O. BOX)

1134 Alta Loma Rd #205 (310) 724-6165

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

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 7/31/13 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/31/13 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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