

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number: _____ # _____

Termination – See Part 5
List I.D. number: _____ # _____

Date qualified as committee 2/6/14

Date qualified as committee (if applicable) _____

Date of Termination 1/1/14

1. Committee Information

NAME OF COMMITTEE
Lauren Meister for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
337 Westbourne Drive

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90048 310-659-3379

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
lauren@meister4weho.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles West Hollywood, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Elyse Eisenberg

STREET ADDRESS (NO P.O. BOX)
1230 Horn Avenue, #526

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069 310-657-6190

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	<u>2-6-2014</u>	DATE	By	<u>Elyse Eisenberg</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>2-6-2014</u>	DATE	By	<u>[Signature]</u>	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Date Stamp

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CALIFORNIA

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