

**Statement of Organization  
Recipient Committee**

Statement Type  **Initial**  **Amendment**  **Termination – See Part 5**

Not yet qualified  or

02/25/2014  
Date qualified as committee

List I.D. number: # \_\_\_\_\_ Date qualified as committee (if applicable)

List I.D. number: # \_\_\_\_\_ Date of Termination

Date Stamp  
**RECEIVED**  
14 FEB 28 PM 2: 11  
OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)  
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213 489-4792

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS  
213 489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
David Gould

STREET ADDRESS (NO P.O. BOX)  
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213 489-4792

NAME OF ASSISTANT TREASURER, IF ANY  
Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)  
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213 489-4792

NAME OF PRINCIPAL OFFICER(S)  
Michelle Moore-Sanders (Assistant Treasurer)

STREET ADDRESS (NO P.O. BOX)  
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213 489-4792

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 2/25/14 By Ingrid Orellana  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/25/14 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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