

**Statement of Organization
Recipient Committee**

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CALIFORNIA FORM 410
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Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

08/06/2010 Date qualified as committee # 1328660

_____ Date qualified as committee (if applicable) # _____

06/30/2014 Date of Termination

1. Committee Information

NAME OF COMMITTEE
Abbe Land for West Hollywood City Council 2011

STREET ADDRESS (NO P.O. BOX)
1021 Westmount Dr #301

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood, CA 90069 323-533-0663

MAILING ADDRESS (IF DIFFERENT)
c/o ML Associates 1525 So. Sepulveda Blvd., Suite 101
Los Angeles, CA 90025

FAX / E-MAIL ADDRESS
323-395-0519

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Mitchell

STREET ADDRESS (NO P.O. BOX)
1525 So. Sepulveda Blvd., Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles, CA 90025 310-575-8811

NAME OF ASSISTANT TREASURER, IF ANY
Andy Lim

STREET ADDRESS (NO P.O. BOX)
1525 So. Sepulveda Blvd., Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles, CA 90025 310-575-8811

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 _____ By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6-30-14 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