Statement of	Organization	(c)	(GO)PY	/			
Recipient Cor	mmittee			CITY OF WE	THOLEYWOOD	CALIFORNIA 110	
Statement Type	☐ Initial	X Amendment	☐ Termination – See Pa	i		FORM 410	
	Not yet qualified 🔲 or	List f.D. number;	List i.D. number:	in it JUL 3	AMII: 56	For Official Use Only	
		<u>#</u> 1364628	#	i	HE CITY CLERK		
	Date qualified as committee	03/01/2014	_	_	TOTAL OLEKA		
		Date qualified as committee (If applicable)	Date of Termination	_			
1. Committee In	ofermation		2 Treadil	er and Other Princi		Madille respuis for the second	
NAME OF COMMITTEE D'AMICO FOR COUN	ICIL 2015		NAME OF TRE	ASURER	par omicers		
STREET ADDRESS (NO P.O. BOX)				VIDSON			
8623 RUGBY DR.				STREET ADDRESS (NO P.O. 80X) 515 S. FIGUEROA STREET, STE. 1110			
CITY	STATE	ZIP CODE AREA CODE/I					
WEST HOLLYWOOD, CA 90069 (310) 498-5783					STATE ZIP	CODE AREA CODE/PHONE	
MAILING ADDRESS (IF DIFFERENT) 515 S. FIGUEROA ST., STE. 1110				ELES, CA 90071 STANT TREASURER, IF ANY		(213) 624~6200	
LOS ANGELES, CA 90071 FAX/E-MAIL ADDRESS				IN			
OURWEHO@ME.COM				SS (NO P.O. BOX)			
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				515 S. FIGUEROA STREET, STE. 1110			
LOS ANGELES	WEST HOLL		CiTY			CODE AREA CODE/PHONE	
				BLES, CA 90071 CIPAL OFFICER(S)		(213) 624-6200	
				LIPAE OFFICER(S)	· · · · · · · · · · · · · · · · · · ·		
Attach additional information on appropriately labeled continuation sheets.				S (NO P.O. BOX)			
			CITY		STATE ZIP	CODE AREA CODE/PHONE	
3. Verification						*	
I have used all re	asonable diligence in prepar	ing this state					
penalty of perjur	asonable diligence in prepar y under the laws of the State	of California that the force	e best of my knowledge ti	he information containe	d herein is true and o	complete. I certify under	
Executed on	07/11/2014 By	The state the loves	oing is true and correct.	10,		, , , , , , , , , , , , , , , , , , , ,	
			SIGNATURE OF TREASURER OR AS	SISTANT TREASURE			
Executed on	07/11/2014 By		/ /~	~ ()			
Executed on		SIGNATURE O	OF CONTROLLING OFFICEHOLDER, CANDI	DATE, OR STATE MEASURE PROPONE	NT		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on