

19

1367237

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

05/09/2014

Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee
(if applicable)

Termination

List I.D. number:

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State

State of California

CALIFORNIA
FORM

410

RECEIVED
CITY OF WEST HOLLYWOOD

JUN 03 2014

14 AUG -8 AM 8:34

OFFICE OF THE CITY CLERK

Hand Delivered, Sacramento

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2014 JUN -9 PM 01:59

1. Committee Information

NAME OF COMMITTEE
Mike Gerle for City Council 2015

STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach, CA 90802 562-983-0815

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
562-983-0817 gary@crummittandassociates.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mike Gerle
STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach, CA 90802 562-983-0815

NAME OF ASSISTANT TREASURER, IF ANY

Gary Crummitt
STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach, CA 90802 562-983-0815

NAME OF PRINCIPAL OFFICER(S)

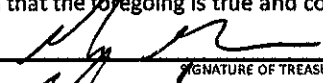
STREET ADDRESS (NO P.O. BOX)

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 05/09/2014 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/09/2014 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT