Statement Type   Control initial   District   District	Statement of Organization Recipient Committee					CALIFORNIA 410		
Second   Description   Descr	Statement Type	Initial	Amendment					
Date qualified as committee Date qualified as committee Patroparation  1. Committee Information  1. Execute Information  1. Execute Information  1. Execute Information  1. Execute Information  2. Treasurer and Other Principal Officers  1. Mark of missues  1. Mark of		Not yet qualified or	List I.D. number:					
Date qualified as committee    Committee			#_1369202	#		or rice of	THE CITY C	ILERK
NAME OF INSERT ADDRESS IND PO. 3007  1206 M. DELYDLOS STREET  THE PLANT OF STATE IP CODE  AREA CODE/PROME  OTY  West Rollywood, CA 90046  310-993-8824  COVID. A. 2A 91722  NAME OF READINGS  COVID. A. 2A 91722  NAME OF READINGS  COVID. A. 2A 91722  NAME OF STATE IP CODE  AREA CODE/PROME  COVID. A. 2A 91722  NAME OF READINGS  NAME OF STATE IP CODE  AREA CODE/PROME  COVID. A. 2A 91722  NAME OF READINGS  NAME OF STATE IP CODE  AREA CODE/PROME  COVID. A. 2A 91722  NAME OF READINGS  NAME OF STATE IP CODE  AREA CODE/PROME  COVID. STATE IP CODE  AREA CODE/PROME  COUNT OF DAMICLE  LOS Angeles  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  AREA CODE/PROME  AREA CODE/PROME  THE STATE IP CODE  AREA CODE/PROME  AREA CODE/PROME  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  AREA CODE/PROME  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  AREA CODE/PROME  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  AREA CODE/PROME  CITY  STATE IP CODE  AREA CODE/PROME  C		Date qualified as committee	Date qualified as committee	Date	/of Termination			
STREET ADDRESS (NU POL BOX)  1206 N. DELIFOLD STATE  DIVIDING STATE  120 CODE  AREA CODE/PROME  CITY  STATE  120 CODE  AREA CODE/PROME  COVIDER,	1. Committee I	nformation				r Principal Officers		•
TREET ADDRESS IND PD BOX  TOTY  STATE 2P CODE  AREA CODE/PHONE  OTY  West Hollywood, CA 90046  310-993-8824  COVIDAD. CA 91722  626-915-7635  MAILING ADDRESS IN OPERATOR  MAIL OR ASSISTANT TREASURER, W ANY  STATE ADDRESS INC PO BOX  TREET ADDRESS INC P	Duke Mas.s for t	West Holiywood City Coun	cil 3015					
AREA CODE/PRONE  AREA CODE/PRONE  CITY  STATE ZIP CODE  AREA CODE/PRONE  COVIDA, CA 90046  310-993-8824  COVIDA, CA 91722  COVIDA, CA 91722  NAME OF ASSISTANT TREASURER, IP ARTY  COVIDA, CA 91722  TRAY FEMAL ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  AREA CODE/PRONE  AREA CODE/PRONE  CITY  STATE ZIP CODE  AREA CODE/PRONE  AREA CODE/PRONE  AREA CODE/PRONE  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)	STREET ADDRESS (NO P.	O. BOXI		<del></del>			Called March 1970 P. Thomas C. West, A. P. Sans P.	C40
Mest Hollywood, CA 90046 310-993-8924 Covina, CA 91722 626-915-7635  MAING ADDRESS (POPERRY) 728 N. EARL ADDRESS (NO PO. BOX)  TAKE FRANCES STATE ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  TREET ADDRESS (NO PO. BOX)  AREA CODE/FHONE  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  TREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO		•						
MAILING ADDRESS IP DIFFERENT) 728 W. Edna Place COVID. A. 91722  MAKE OF ASSISTANT TREASURER, IF ANY  STREET ADDRESS (NO P.O. BOX)  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  STREET ADDRE		· · ·	ZIP CODE AREA CODE/P	HONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
TARE T ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  ACCOUNTY OF DOMNCIEE  LOS Angeles  ACTIVE  CITY  STATE  LIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  STREET ADDRESS (NO PO. BOX)  STR	West Hollywood,	CA 90046	310-993	3-8824	Covina, CA 91722			626-915-7635
COUNTY OF DEMICIE  LOS Angeles  Attach additional information on appropriately labeled continuation sheets.  Attach additional information on appropriately labeled continuation sheets.  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  AREA CODE/PHONE  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  O8/14/2014  By  SIGNATURE OF FREASURER OR ASSISTANT TREASURER  SIGNATURE OF FREASURER OR ASSISTANT TREASURER  SIGNATURE OF FREASURER OR ASSISTANT TREASURER  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on  DATE  By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on  By	728 W. Edna Pla Covina, CA 917	ce			NAME OF ASSISTANT TREASURER, IF A	INY		
Attach additional information on appropriately labeled continuation sheets.  Attach additional information on appropriately labeled continuation sheets.  Attach additional information on appropriately labeled continuation sheets.  City state 21P CODE AREA CODE/PHONE  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 08/14/2014 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					STREET ADDRESS (NO P.O. BOX)			
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Attach additional information on appropriately labeled continuation sheets.  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  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 08/14/2014 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on By		JUR COICTION WHI	RE COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.  CITY  STATE  ZIP CODE  AREA CODE/PHONE  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  O8/14/2014  DATE  By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on  DATE  By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on  By	Too mideres							
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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					C117	. SIAIC	ZIP ÇODE	AREA CODE/PRONE
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Executed on	I have used all re	easonable diligence in prepa	ring this statement and to th	ie best of i	my knowledge the information	contained herein is true		e. I certify under
Executed on	Executed on	08/14/2014By	TARRA 1	HULL	P.L.			
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  Executed on By	Executed on	08/14/2014 <sub>By</sub>		)		URE PROPONENT		
Executed on By	Executed on	DATE By	SIGNATURE	DE CONTROLLIN	G OFFICEHOLDER, CANDIDATE OR STATE MEAS	LIRE PROPONENT		
	Executed on							