

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA 410 FORM For Official Use Only 14 SEP -3 PM 1:21 OFFICE OF THE CITY CLERK
------------	---

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
COLE ETTMAN FOR CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)
8787 Shoreham Drive, #601

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(323)796-8226

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
cole.ettman@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

NAME OF TREASURER
Cole Ettman

STREET ADDRESS (NO P.O. BOX)
8787 Shoreham Drive, #601

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(323)796-8226

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME OF PRINCIPAL OFFICER(S)

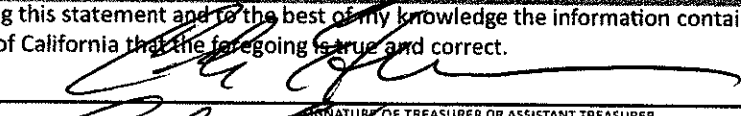

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

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	<u>09/03/2014</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>09/03/2014</u>	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