

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 1370863
 Date qualified as committee: 09/12/2014
 Date qualified as committee (If applicable) _____
 Date of Termination _____

RECEIVED
CITY OF WEST HOLLYWOOD
14 SEP 19 AM 9:34
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Cole Ettman for City Council 2015
 STREET ADDRESS (NO P.O. BOX)
 8581 Santa Monica Blvd., #362
 CITY STATE ZIP CODE AREA CODE/PHONE
 West Hollywood, CA 90069 (323) 796-8226
 MAILING ADDRESS (IF DIFFERENT)
 1787 Tribute Road, Suite K
 Sacramento, CA 95815
 FAX / E-MAIL ADDRESS
 (916) 333-1344 Ettman2014@deaneandcompany.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Los Angeles County _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Shawnda Deane
 STREET ADDRESS (NO P.O. BOX)
 1787 Tribute Road, Suite K
 CITY STATE ZIP CODE AREA CODE/PHONE
 Sacramento, CA 95815 (916) 285-5733
 NAME OF ASSISTANT TREASURER, IF ANY
 Cole Ettman
 STREET ADDRESS (NO P.O. BOX)
 8581 Santa Monica Blvd., #362
 CITY STATE ZIP CODE AREA CODE/PHONE
 West Hollywood, CA 90069 (323) 796-8226
 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 9/18/14 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 9/12/14 By [Signature]
 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