

**Statement of Organization  
Recipient Committee**

Type or print in ink

Statement Type  Initial  
Not yet qualified  or

\_\_\_\_\_  
Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

**RECEIVED**  
CITY OF WEST HOLLYWOOD  
 Termination - See Part 5  
List number **14 OCT 23 AM 10:45**  
# \_\_\_\_\_  
OFFICE OF THE CITY CLERK  
\_\_\_\_\_  
Date of Termination

Date Stamp		STATEMENT OF ORGANIZATION	
		<b>CALIFORNIA</b>	<b>410</b>
		FORM	
		For Official Use Only	
2014 OCT 14 AM 10:08			

**1. Committee Information**

NAME OF COMMITTEE

Lindsey Horvath for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)

6380 Wilshire Blvd., #1612

CITY

Los Angeles

STATE

CA

ZIP CODE

90048

AREA CODE/PHONE

323-655-4065

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Jane Leiderman

STREET ADDRESS (NO P.O. BOX)

6380 Wilshire Blvd., #1612

CITY

Los Angeles

STATE

CA

ZIP CODE

90048

AREA CODE/PHONE

323-655-4065

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

**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 10/10/14  
DATE

Executed on 10/10/14  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT