

**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination - See Part 5**
 Not yet qualified or
 List I.D. number: # _____
 Date qualified as committee: ____/____/____
 Date qualified as committee (if applicable): ____/____/____
 Date of Termination: ____/____/____

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1. Committee Information

NAME OF COMMITTEE
Joe Guardarrama for Council 2015
 STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050
 CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90017 (213)452-6565
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
(213)452-6575
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles City of West Hollywood

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Joseph A. Guardarrama
 STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050
 CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90017 (213)452-6545
 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 11/03/2014 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 11/03/2014 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