

**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 Date of Termination  
(If applicable)

**RECEIVED**  
 CITY OF WEST HOLLYWOOD  
 14 DEC -1 PM 2:41  
 OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 BUSINESS AND NEIGHBORS UNITED FOR LINDSEY HORVATH

STREET ADDRESS (NO P.O. BOX)  
 22647 VENTURA BOULEVARD, #301

CITY STATE ZIP CODE AREA CODE/PHONE  
 LOS ANGELES, CA 91364 (415) 732-7700

MAILING ADDRESS (IF DIFFERENT)  
 150 POST STREET, SUITE 405  
 SAN FRANCISCO, CA 94108

FAX / E-MAIL ADDRESS  
 (415) 732-7701 CAMPAIGN@CAMPAIGNLAWYERS.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES	WEST HOLLYWOOD

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 DOUGLAS STICHLER

STREET ADDRESS (NO P.O. BOX)  
 1006 HAVENHURST DRIVE #3

CITY STATE ZIP CODE AREA CODE/PHONE  
 WEST HOLLYWOOD, CA 90046 (818) 593-2949

NAME OF ASSISTANT TREASURER, IF ANY  
 BRADLEY HERTZ

STREET ADDRESS (NO P.O. BOX)  
 22647 VENTURA BOULEVARD, #301

CITY STATE ZIP CODE AREA CODE/PHONE  
 LOS ANGELES, CA 91364 (818) 593-2949

NAME OF PRINCIPAL OFFICER(S)  
 OWEN WARD

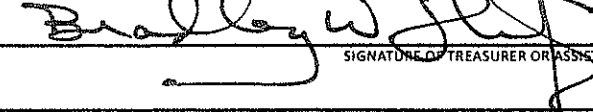
STREET ADDRESS (NO P.O. BOX)  
 100 S. DOHENY DRIVE #224

CITY STATE ZIP CODE AREA CODE/PHONE  
 LOS ANGELES, CA 90048 (818) 593-2949

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 11/26/14 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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