

**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 of Termination

Date qualified as committee
(If applicable)

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1. Committee Information

NAME OF COMMITTEE

LANOAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

3341 CAHUENGA BOULEVARD W.

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES CA 90068 (323)391-3545

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

CHRISTOPHER@LANOAVAZO.COM

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

LOS ANGELES

CITY OF WEST HOLLYWOOD

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

CHRISTOPHER T. LANOAVAZO

STREET ADDRESS (NO P.O. BOX)

3341 CAHUENGA BOULEVARD W.

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES CA 90068 (323)391-3545

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

CHRISTOPHER T. LANOAVAZO

STREET ADDRESS (NO P.O. BOX)

3341 CAHUENGA BOULEVARD W.

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES CA 90068 (323)391-3545

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 11/30/14
DATE

By

[Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/30/14
DATE

By

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

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT