

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____ List I.D. number: _____
 # 1374259 # _____
 _____/_____/_____ 01/22/2015 _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
 (if applicable)

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OFFICE OF THE CITY CLERK

1. Committee Information

NAME OF COMMITTEE
Friends of West Hollywood, A Committee to Elect John D'Amico, John Heilman,
Lindsey Horvath & Joseph Guardarrama to the West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
8149 Santa Monica Blvd., #396

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood, CA		90046	562-983-0815

MAILING ADDRESS (IF DIFFERENT)
525 E. Seaside Way, #101-C
Long Beach, CA 90802

FAX / E-MAIL ADDRESS
562-983-0817 gary@crummittandassociates.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gary Crummitt

STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach, CA		90802	562-983-0815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
George Urch

STREET ADDRESS (NO P.O. BOX)
8149 Santa Monica Blvd., #396

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood, CA		90046	714-464-9125

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 01/26/2015 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 _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT