

**Statement of Organization
Recipient Committee**

1374259

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or

List I.D. number: # _____ List I.D. number: # _____

_____ / _____ / _____ # _____ # _____

Date qualified as committee Date qualified as committee (if applicable) Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
DEC 29 2014
Hand Delivered, Sacramento

CALIFORNIA FORM 410
15 JAN 28 AM 10:35
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 12/27/2014 By [Signature]
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