

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: \_\_\_\_\_  
 # 1374307 # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee (if applicable) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Termination

Date Stamp <b>RECEIVED</b> CITY OF WEST HOLLYWOOD <b>15 FEB -5 AM 10:49</b> OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
BUSINESS AND NEIGHBORS UNITED FOR LINDSEY HORVATH FOR WEST HOLLYWOOD CITY COUNCIL 2015

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

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

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 2/3/15 By Bradley Hertz  
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

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