

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

02/25/2015
Date qualified as committee

Termination -- See Part 5

List I.D. number:

Date qualified as committee
(If applicable)

Date of Termination

RECEIVED

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For Official Use Only

1. Committee Information

NAME OF COMMITTEE
HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL SPECIAL ELECTION 2015

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA	90010		213 489-4792

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
213 489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David Gould

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA	90010		213 489-4792

NAME OF ASSISTANT TREASURER, IF ANY

Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA	90010		213 489-4792

NAME OF PRINCIPAL OFFICER(S)

Nadia Modesto-Assistant Treasurer

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd. Ste. 1050-B

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Los Angeles, CA	90010		213 489-4792

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	2/25/15 <small>DATE</small>	By	 <small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	2/25/15 <small>DATE</small>	By	 <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>