

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

Termination -- See Part 5
List I.D. number:

1374307

03/13/2015
Date of Termination

01/15/2015
Date qualified as committee

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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

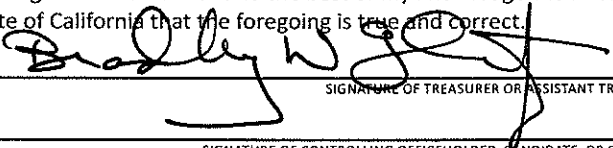
STREET ADDRESS (NO P.O. BOX)
100 S. DOHENY DRIVE #224

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 3/12/15 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