

COPY

Statement of Organization Recipient Committee

Statement Type [ ] Initial [x] Amendment Not yet qualified [ ] or

List I.D. number: # 1376328 Date qualified as committee 03/31/2015

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1. Committee Information

NAME OF COMMITTEE: Block for West Hollywood City Council 2015. STREET ADDRESS: 8581 Santa Monica Blvd., #210. CITY: West Hollywood, STATE: CA, ZIP CODE: 90069, AREA CODE/PHONE: (310)733-7388. FAX / E-MAIL ADDRESS: ben.block4weho@gmail.com. COUNTY OF DOMICILE: Los Angeles, JURISDICTION WHERE COMMITTEE IS ACTIVE: West Hollywood

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Ben McCormick. STREET ADDRESS: 8581 Santa Monica Blvd., #210. CITY: West Hollywood, STATE: CA, ZIP CODE: 90069, AREA CODE/PHONE: (310)497-9252. NAME OF ASSISTANT TREASURER, IF ANY: [blank]. STREET ADDRESS: [blank]. CITY: [blank], STATE: [blank], ZIP CODE: [blank], AREA CODE/PHONE: [blank]. NAME OF PRINCIPAL OFFICER(S): Larry Block. STREET ADDRESS: 737 Huntley Dr. CITY: West Hollywood, STATE: CA, ZIP CODE: 90069, AREA CODE/PHONE: (310)733-7388

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 4/3/15 By Ben McCormick (Signature)
Executed on 4/6/15 By [Signature]
Executed on [ ] By [ ]
Executed on [ ] By [ ]