

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 891964
 Date qualified as committee / / Date qualified as committee (if applicable) / / Date of Termination 6,30,2013

Date Stamp
RECEIVED
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CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE
FRIENDS OF STEVE MARTIN FOR CITY COUNCIL 2013
 STREET ADDRESS (NO P.O. BOX)
1140 Poinsettia Drive
 CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90046 (310)652-5924
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles West Hollywood

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Adam Devejian
 STREET ADDRESS (NO P.O. BOX)
1271 Ozeta Terrace
 CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90069 (310)659-7661
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

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 6/3/13 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on 6/27/13 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT