

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1375008

6 / 29 / 2015

_____/_____/_____
Date of Termination

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 5 JUN 30 PM 1:30 OFFICE OF THE CITY CLERK	CALIFORNIA FORM For Official Use Only	410
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1. Committee Information

NAME OF COMMITTEE

Neighbors for a Better WH in support of Lauren Meister

STREET ADDRESS (NO P.O. BOX)

505 Westmount Drive

CITY

West Hollywood

STATE

CA

ZIP CODE

90048

AREA CODE/PHONE

(818) 486-6313

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Shelley Levine

STREET ADDRESS (NO P.O. BOX)

13038 Landale Street

CITY

Studio City

STATE

CA

ZIP CODE

91604

AREA CODE/PHONE

(818) 486-6313

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

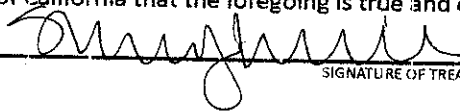
Attach additional information on appropriately labeled continuation sheets.

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 6/29/15
DATE

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT