

West Hollywood

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

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

[] Amendment List I.D. number: # _____

[x] Termination - See Part 5 List I.D. number: # 1367237

_____ Date qualified as committee

_____ Date qualified as committee (If applicable)

2, 26, 15 Date of Termination

RECEIVED AND FILED Date Stamp In the office of the Secretary of State of the State of California

MAY 26 2015

CALIFORNIA FORM 410 For Official Use Only SAN DIEGO COUNTY 2015 JUN 21 PM 3:20 CAMPAIGN FINANCE

1. Committee Information

NAME OF COMMITTEE

MIKE GERLE FOR CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

8424 SANTA MONICA BLVD #A 728

CITY STATE ZIP CODE AREA CODE/PHONE

WEST HOLLYWOOD CA 90069 323-356-6482

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

mike@wehowe love.com

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MIKEL GERLE

STREET ADDRESS

8424 SANTA MONICA BLVD #A 728

CITY STATE ZIP CODE AREA CODE/PHONE

WEST HOLLYWOOD CA 90069 323-356-6482

NAME OF ASSISTANT TREASURER, IF ANY

JASON RASMUSSEN

STREET ADDRESS

8424 SANTA MONICA BLVD #A 728

CITY STATE ZIP CODE AREA CODE/PHONE

WEST HOLLYWOOD CA 90069 323-356-6482

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 3/24/15 DATE

Executed on 3/24/15 DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT