

Statement of Organization  
Recipient Committee

CHANGE OF ADDRESS

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CITY OF WOODLAND

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**CALIFORNIA FORM 410**

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Statement Type  Initial  Amendment  Termination -- See Part 5

Newly qualified  or  List I.D. number: 1376146  List I.D. number: \_\_\_\_\_  
 Date qualified as committee: \_\_\_\_\_ Date qualified as committee: 02/25/2015 Date of termination: \_\_\_\_\_

1. Committee Information

NAME OF COMMITTEE  
NEEDY SHINE FOR WEST HOLLYWOOD CITY COUNCIL SPECIAL ELECTION 2015

ADDRESS (PRINT OR TYPE)  
249 E. Ocean Blvd Suite 685

CITY STATE ZIP+4 PHONE NUMBER  
Long Beach, CA 90802 213 489-4792

CONTACT PERSON'S NAME  
DAVID GOULD

CONTACT ADDRESS (PRINT OR TYPE)  
217 489-4818 algould@gouldorellana.com

CITY STATE ZIP+4 PHONE NUMBER  
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
David Gould

ADDRESS (PRINT OR TYPE)  
249 E. Ocean Blvd. Suite 685

CITY STATE ZIP+4 PHONE NUMBER  
Long Beach, CA 90802 213 489-4792

NAME OF ASSISTANT TREASURER (IF ANY)  
Ingrid Orellana

ADDRESS (PRINT OR TYPE)  
249 E. Ocean Blvd. Ste 685

CITY STATE ZIP+4 PHONE NUMBER  
Long Beach, CA 90802 213 489-4792

NAME OF PRINCIPAL OFFICER(S)  
Nadia Modesto-Assistant Treasurer

ADDRESS (PRINT OR TYPE)  
1375994

CITY STATE ZIP+4 PHONE NUMBER  
Long Beach, CA 90802 213 489-4792

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.

Prepared on 7-29-15 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Reviewed on 7-27-15 By [Signature]  
DATE SIGNATURE OF CHAIRMAN OR OFFICER IN CHARGE OF THE STATE OR STATE TREASURER (DEPENDENT)

Reviewed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CHAIRMAN OR OFFICER IN CHARGE OF THE STATE OR STATE TREASURER (DEPENDENT)

Reviewed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CHAIRMAN OR OFFICER IN CHARGE OF THE STATE OR STATE TREASURER (DEPENDENT)