Statement of Organization Recipient Committee						) // L=2	CALIFO		
Statement Type	☐ Initial  Not yet qualified ☐ or	X Amendment List I.D. number:	<del></del>	Termination – See Part 5 List Ł.D. number:		<b>4</b>	F	KM or Official Use Only ÅH [G: 25	
	/	# 1370863  09/12/2014  Date qualified as committee (if applicable)	/_	20/2015 		Jî î î	FOTTHE	CHY CLERA	
1. Committee:  NAME OF COMMITTEE Cole Ettman for  STREET ADDRESS (NO P 8581 Santa Mons	City Council 2015			2. Treasurer and OI  NAME OF TREASURER  Shawnda Deane  STREET ADDRESS (NO P.O. BOX)  1787 Tribute Road		ficers			
CITY	STATE		DDE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
West Hollywood, CA 90069 (323) 796-8226				Sacramento, CA				(916) 285-5733	
MAILING ADDRESS (IF II 1787 Tribute Ro Sacramento, CA FAX/E-MAIL ADDRESS (916) 333-1344	oad, Suite K	mpany.com	***************************************	Cole Ett.man  STREET ADDRESS (NO P.O. BOX)  8581 Santa Monica					
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY	a BIVU., #302	STATE	ZIP CODE	AREA CODE/PHONE		
Los Angeles County				West Hollywood,	CA 90069			(323) 796-8226	
1	<b>.</b> , ,			NAME OF PRINCIPAL OFFICER(S)	)	······································	······································		
Attach additiona	l information on appropriate	ly labeled continuation sh	neets.	STREET ADDRESS (NO P.O. BOX)					
				CITA		STATE	ZIP CODE	AREA CODE/PHONE	
I have used all	reasonable diligence in prepury under the laws of the State  OFFICE BY  DATE  By  By  By  By  By  By	aring this statement and the of California that the fi	TURE OF CONTROLLING C	and correct.  Friceholder, candidate, or state  Friceholder, candidate, or state	urer  MEASURE PROPONENT	ein is true	and complet	e. I certify under	
	DATE	SIGNA	TURE OF CONTROLLING	FFICEHOLDER, CANDIDATE, OR STATE	É MEASURE PROPONENT				

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