

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1376328
 Date qualified as committee: ___/___/___
 List I.D. number: # _____
 Date qualified as committee (if applicable): ___/___/___
 Date of Termination: 10/20/2015

Date Stamp
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 CITY OF WEST HOLLYWOOD
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CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE
Block for West Hollywood City Council 2015
 STREET ADDRESS (NO P.O. BOX)
8581 Santa Monica Blvd., #210
 CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069 (310)360-9999
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
patrick@blanks2go.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles West Hollywood, CA 90069

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patrick Weinbrecht
 STREET ADDRESS (NO P.O. BOX)
8581 Santa Monica Blvd., #210
 CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069 (310)360-9999
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
Larry Block
 STREET ADDRESS (NO P.O. BOX)
737 Huntley Drive
 CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069 (310)733-7388

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 10/20/15 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 10/20/15 By [Signature]
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
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