

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:  
1363936  
# \_\_\_\_\_

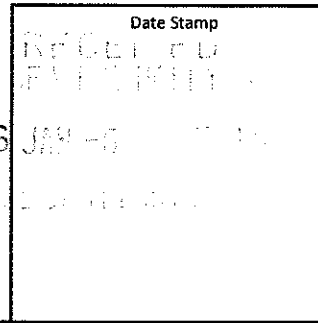
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination – See Part 5

List I.D. number:  
1363936  
# \_\_\_\_\_  
12 31 2015

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination



**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
**Lauren Meister for West Hollywood City Council 2015**

STREET ADDRESS (NO P.O. BOX)  
**337 Westbourne Drive**

CITY <b>West Hollywood</b>	STATE <b>CA</b>	ZIP CODE <b>90048</b>	AREA CODE/PHONE <b>310-659-3379</b>
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MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**lauren@meister4weho.com**

COUNTY OF DOMICILE <b>Los Angeles</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>West Hollywood, CA</b>
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Elyse Eisenberg**

STREET ADDRESS (NO P.O. BOX)  
**1230 Horn Avenue, #526**

CITY <b>West Hollywood</b>	STATE <b>CA</b>	ZIP CODE <b>90069</b>	AREA CODE/PHONE <b>310-657-6190</b>
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 12/31/2015 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/2015 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT