Statement Type Initial Innendment Use to number: 1363936 1	Statement of Organization Recipient Committee								Date Stamp		CALIFORNIA 410	
Date qualified as committee Date qualified as committee Date of Termination Date o	Statement Type		or	List I.D. number:	List I.D. n	List I.D. number:		18	JAM - 6			
1. Committee Information INAME OF COMMITTEE Lauren Meister for West Hollywood City Council 2015 STREET ADDRESS for Dr. BOXI 337 Westbourne Drive GTY West Hollywood CA 90048 310-659-3379 MARIANO ADDRESS (FF DIFFERUIT) FAM, FAMAR ADDRESS (FF DIFFERUIT) FAM, FAMAR ADDRESS (FF DIFFERUIT) AREA CODE, FFROM ARE		,	,		12	31	,2015		Logical Englished			
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Lauren Meister for West Hollywood City Council 2015 STATE ADDRESS IND P.D. BOX STATE ZEP CODE AREA CODE/PHONE CA 90048 310-659-3379 West Hollywood CA 90048 310-659-3379 West Hollywood CA 90069 310-657-6190		niormation				2.			her Principal Officer	5		
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I auren@meister4weho.com COUNTY OF BONICILE LOS Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE West Hollywood, CA Attach additional information on appropriately labeled continuation sheets. CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) STREET ADDR	West Hollywood CA 90048 310-6					West Hollywoo			I CA		•	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE CITY STATE ZIP CODE AREA CODE/PHONE	MAILING ADDRESS (IF D	OFFERENT)				-	NAME OF ASSISTANT T	TREASURER	R, IF ANY			
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DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT		DATE	, ,									

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov