

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1354914
_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

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1. Committee Information

NAME OF COMMITTEE
Friends of West Hollywood, A Committee Supporting John Duran for City Council 2017

STREET ADDRESS (NO P.O. BOX)
8149 Santa Monica Blvd., #396

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046-5912	(714) 464-9125

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
George Urch

STREET ADDRESS (NO P.O. BOX)
8149 Santa Monica Blvd., #396

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046-5912	(714) 464-9125

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
George Urch

STREET ADDRESS (NO P.O. BOX)
8149 Santa Monica Blvd., #396

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West Hollywood	CA	90046-5612	(714) 464-9125

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 8/17/2016 By George S. Urch
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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