

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

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

1374259
08 / 23 / 2016
Date of Termination

Date Stamp 16 AUG 25 PM 2:47	CALIFORNIA FORM 410 For Official Use Only
OFFICE OF THE CITY CLERK	

1. Committee Information

NAME OF COMMITTEE
Friends of West Hollywood, A Committee to Elect John Heilman to the
West Hollywood City Council 2015

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046	(562) 983-0815

MAILING ADDRESS (IF DIFFERENT)
525 E. Seaside Way, #101-C Long Beach, CA 90802

FAX / E-MAIL ADDRESS
(562) 983-0817 / gary@crummittandassociates.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gary Crummitt

STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

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

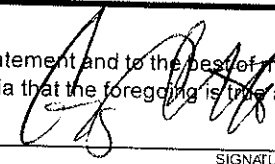
STREET ADDRESS (NO P.O. BOX)
8149 Santa Monica Blvd., #396

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046	(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	8/23/2016	By	
	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
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPONENT