**Statement of Organization**
**Recipient Committee**

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<th>Statement Type</th>
<th>Initial</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
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<th>Date qualified as committee</th>
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**1. Committee Information**

**NAME OF COMMITTEE**
Landavazo For West Hollywood Cst Council 2013

**ADDRESS**
8581 Santa Monica Blvd # 209
West Hollywood, CA 90069

**Contact Information**
Christopher @ Landavazo.com

**County of Domicile**
Los Angeles

**County Where Committee is Active**

**Mailing Address (if different)**

**Optional: Fax/E-mail Address**

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**
Norman Lee Wadell

**STREET ADDRESS**
8581 Santa Monica Blvd # 209
West Hollywood, CA 90069

**Contact Information**
(323) 793-1023

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS**

**NAME OF PRINCIPAL OFFICER(S)**
Angel Augustine Gardea

**STREET ADDRESS**
8581 Santa Monica Blvd # 209
West Hollywood, CA 90069

**Contact Information**
(818) 665-0966

**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**
- 09-03-12
- 09-03-12
- 04-03-12

**Signature**

**Statement of Treasurer or Assistant Treasurer**

**Signature of Controlling Holder, Candidate, or By State Measure Proponent**

**Signature of Controlling Holder, Candidate, or By State Measure Proponent**

**FPPC Form 410 (April/2011)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)