STATEMENT OF ORGANIZATION
CALIFORNIA
FORM 410
12 AUG 23 PM 2:20
OFFICE OF THE CITY CLERK

1. Committee Information

NAME OF COMMITTEE
WEST HOLLYWOOD TERM LIMITS 2013

STREET ADDRESS (NO P.O. BOX)
1220 HAVENHURST DRIVE #12

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323-656-0850

MAILING ADDRESS (IF DIFFERENT)
PO Box 69724, WEST HOLLYWOOD, CA 90069

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323-656-0850 / RUSTYDAWG @ SBCGLOBAL.NET

COUNTY OF Domicile
LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF Domicile

2. Treasurer and Other Principal Officers

NAME OF TREASURER
ALLEGRA ALLISON

STREET ADDRESS (NO P.O. BOX)
1034 N. HAYWORTH AVENUE

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323-656-2545

NAME OF ASSISTANT TREASURER, IF ANY
DEBBIE MEISTER

STREET ADDRESS (NO P.O. BOX)
526 WESTMOUNT DRIVE

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90048

AREA CODE/PHONE
424-777-0655

NAME OF PRINCIPAL OFFICER(S)
SHEILA LIGHTFOOT

STREET ADDRESS (NO P.O. BOX)
1220 HAVENHURST DRIVE #12

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323-656-0850

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 8/22/2012

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/22/2012

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
4. Type of Committee  Complete the applicable sections.

   **Controlled Committee**
   - List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
   - List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
   - If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
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<tbody>
<tr>
<td>N/A</td>
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   - List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
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<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
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<tbody>
<tr>
<td>N/A</td>
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   **Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

   **PURPOSE:** A CITY COUNCIL TEAM LIMITS INITIATIVE (NAME OF MEASURE NOT YET DESIGNATED BY CITY)

   - West Hollywood

   **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)**

   **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)**

   **CHECK ONE**

   SUPPORT  X  OPPOSE

   SUPPORT  OPPOSE

   FPPC Form 410 (April/2011)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
4. Type of Committee  (Continued)

General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 □ CITY Committee  □ COUNTY Committee  □ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A

Sponsored Committee  List additional sponsors on an attachment.

NAME OF SPONSOR  INDUSTRY GROUP OR AFFILIATION OF SPONSOR

N/A

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE

Small Contributor Committee  □ Date qualified

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.