Statement of Organization
Recipient Committee

Statement Type ☒ Initial
Not yet qualified ☐ or
☐ Amendment
List I.D. number:
# ______________________

☐ Termination – See Part 5
List I.D. number:
# ______________________
Date qualified as committee
Date qualified as committee
(If applicable)
Date of Termination

1. Committee Information
NAME OF COMMITTEE
WE Ho 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
OPTIONAL: FAX/E-MAIL ADDRESS
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 AUGUST 14, 2012
Executed on AUGUST 14, 2012
Executed on ______________________
Executed on ______________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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FPPC Form 410 (April/2011)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
**Statement of Organization**  
**Recipient Committee**

**COMMITTEE NAME**  
**WEHO TERM LIMITS 2013**

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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WEST HOLLYWOOD</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>


**Statement of Organization**

**Recipient Committee**

**COMMITTEE NAME**

**WEHO TERM LIMITS 2013**

**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**

- **N/A**

**INDUSTRY GROUP OR AFFILIATION OF SPONSOR**

**STREET ADDRESS**

- **N/A**

**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 18660 and FPPC Regulation 18521.5.