Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
WEST HOLLYWOOD TERM LIMITS 2013, YES ON MEASURE C COMMITTEE

STREET ADDRESS (NO P.O. BOX)
337 WESTBOURNE DRIVE

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

OPTIONAL: FAX/E-MAIL ADDRESS

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90048

AREA CODE/PHONE
310-659-3379

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

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

STREET ADDRESS (NO P.O. BOX)
526 WEST MOUNT

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90048

AREA CODE/PHONE
424-777-0655

NAME OF ASSISTANT TREASURER, IF ANY
DEBBIE MEISTER

STREET ADDRESS (NO P.O. BOX)
337 WESTBOURNE DRIVE

CITY
WEST HOLLYWOOD

STATE
CA

ZIP CODE
90048

AREA CODE/PHONE
310-659-3379

NAME OF PRINCIPAL OFFICER(S)
LAUREN MEISTER

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 12/10/2012

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/10/2012

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**  
West Hollywood Term Limits 2013, Yes on Measure C Committee

**I.D. NUMBER**  
1350627

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**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>☐ Non-Partisan</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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>West Hollywood Term Limits 2013, Yes on Measure C Committee</td>
<td>West Hollywood</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
WEST HOLLYWOOD TERM LIMITS 2013, YES ON MEASURE C COMMITTEE

I.D. NUMBER
1350627

4. Type of Committee (Continued)

General Purpose Committee
N/A

☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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
N/A

CITY
N/A

STATE
N/A

ZIP CODE
N/A

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.