Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE: West Hollywood Voters for Choice - No on C
   STREET ADDRESS (NO P.O. BOX): 10625 Alabama Avenue
   CITY: Chatsworth  STATE: CA  ZIP CODE: 91311  AREA CODE/PHONE: (818)998-5918
   MAILING ADDRESS (IF DIFFERENT):
   FAX/E-MAIL ADDRESS: traceypoirier@earthlink.net
   COUNTY OF DOMICILE: Los Angeles  JURISDICTION WHERE COMMITTEE IS ACTIVE: West Hollywood

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Tracey Pomerance-Poirier
   STREET ADDRESS (NO P.O. BOX): 10625 Alabama Avenue
   CITY: Chatsworth  STATE: CA  ZIP CODE: 91311  AREA CODE/PHONE: (818)998-5918
   NAME OF ASSISTANT TREASURER, IF ANY:
   STREET ADDRESS (NO P.O. BOX):
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   NAME OF PRINCIPAL OFFICER(S):
   STREET ADDRESS (NO P.O. BOX):
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

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 01/09/2013  By
   DATE
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER
   Executed on
   DATE
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
   Executed on
   DATE
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
   Executed on
   DATE
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
West Hollywood Voters for Choice - No on C

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Bank &amp; Trust</td>
<td>(213)228-1700</td>
<td>3240508761</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>550 So Hope Street, Ste. 100</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90071</td>
</tr>
</tbody>
</table>

4. Type of Committee - Complete the applicable sections.

- 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 "nonpartisan."

- 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></td>
<td></td>
<td></td>
<td>Nonpartisan</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>West Hollywood Term Limits - Measure C</td>
<td>West Hollywood</td>
<td>Support</td>
</tr>
</tbody>
</table>