**Statement of Organization**

**Recipient Committee**

**Statement Type**
- Initial
- Not yet qualified
- Amendment
- List I.D. number:
- Termination – See Part 5
- List I.D. number:

**Date Stamp**
- Date: 13 Jan 22
- Time: 1:28 PM
- Office of the City Clerk

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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**
818 357-9835

**MAILING ADDRESS (IF DIFFERENT)**

**FAX / E-MAIL ADDRESS**
traceyp@earthlink.net

**COUNTRY OF ORIGIN**
Los Angeles

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
West Hollywood

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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**
818 357-9835

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME OF PRINCIPAL OFFICER(S)**
Ruth Williams

**STREET ADDRESS (NO P.O. BOX)**
13701 Riverside Drive, Studio

**CITY**
Sherman Oaks

**STATE**
CA

**ZIP CODE**
91423

**AREA CODE/PHONE**
818 705-8747

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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** 11/18/13

**By** Tracey Pomerance-Poirier

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

---

**Executed on**

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT**

---

**Executed on**

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT**

---

**Executed on**

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT**

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FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
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>

550 So Hope Street, Ste. 100  
Los Angeles  
CA  
90071

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>
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</tbody>
</table>

- Nonpartisan

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>
</table>
| West Hollywood Term Limits - Measure C                                   | West Hollywood                                                    | SUPPORT  
|                                                                            |                                                                | OPPOSE   

FPPC Form 410 (Dec/2012)  
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