

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5

List I.D. number:

# 1354944

03/31/2013  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b> <small>For Official Use Only</small>
CITY OF WEST HOLLYWOOD	
13 APR -8 PM 2: 50	
OFFICE OF THE CITY CLERK	

**1. Committee Information**

NAME OF COMMITTEE

West Hollywood Voters for Choice - No on C

STREET ADDRESS (NO P.O. BOX)

10625 Alabama Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>Chatsworth</u>	<u>CA</u>	<u>91311</u>	<u>(818)357-9835</u>
-------------------	-----------	--------------	----------------------

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

traceypoirier@earthlink.net

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
--------------------	--

<u>Los Angeles</u>	<u>West Hollywood</u>
--------------------	-----------------------

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Tracey Pomerance-Poirier

STREET ADDRESS (NO P.O. BOX)

10625 Alabama Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>Chatsworth</u>	<u>CA</u>	<u>91311</u>	<u>(818)357-9835</u>
-------------------	-----------	--------------	----------------------

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, Ste. 604

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>Sherman Oaks</u>	<u>CA</u>	<u>91423</u>	<u>(818)906-8747</u>
---------------------	-----------	--------------	----------------------

*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 03/31/2013 By Tracey Pomerance-Poirier  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

COMMITTEE NAME

West Hollywood Voters for Choice - No on C

Page 2

I.D. NUMBER

1354944

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

NAME OF FINANCIAL INSTITUTION

California Bank & Trust

AREA CODE/PHONE

(213)228-1700

BANK ACCOUNT NUMBER

3240508761

ADDRESS

550 So Hope Street, Ste. 100

CITY

Los Angeles

STATE

CA

ZIP CODE

90071

**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 "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

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

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	OPPOSE
West Hollywood Term Limits - Measure C	West Hollywood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>