Statement of Organization Recipient Committee

Statement Type □ Initial □ Amendment

List I.D. number: # 1354944

Date qualified as committee: 03/31/2013

Date qualified as committee (if applicable):

Date of Termination:

1. Committee Information

NAME OF COMMITTEE

West Hollywood Voters for Choice - No on C

STREET ADDRESS (NO PO. BOX)

10625 Alabama Avenue

CITY

Chatsworth

STATE

CA

ZIP CODE

91311

AREA CODE/PHONE

(818)357-9835

MAILING ADDRESS (IF DIFFERENT)

traceypoirier@earthlink.net

FAK/E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

West Hollywood

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tracey Pomerance-Poirier

STREET ADDRESS (NO PO. 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 PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Ruth Williams

STREET ADDRESS (NO PO. BOX)

13701 Riverside Drive, Ste. 604

CITY

Sherman Oaks

STATE

CA

ZIP CODE

91423

AREA CODE/PHONE

(818)906-8747

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

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on [DATE] by

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on [DATE] by

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on [DATE] by

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
Statement of Organization
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.

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.

<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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<td>Nonpartisan</td>
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<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>OPPOSE</td>
</tr>
</tbody>
</table>