

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

12 / 16 / 2013
Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

RECEIVED
CITY OF WEST HOLLYWOOD
Date Stamp
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OFFICE OF THE CITY CLERK

**CALIFORNIA
FORM 410**
For Official Use Only

Committee Information

NAME OF COMMITTEE
Larry Block for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
737 Huntley Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE*
West Hollywood	CA	90069	(310)360-9999

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
kerrigan@PutWestHollywoodFirst.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	West Hollywood

Treasurer Information

NAME OF TREASURER
Kerrigan Hennings

STREET ADDRESS (NO P.O. BOX)
8400 De Longpre Ave. #215

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(323)394-7792

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.

WARRANTY

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 12/20/2013 By [Signature]
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

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