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:

Date qualified as committee
Date qualified as committee (if applicable)
Date of termination

1. Committee Information
NAME OF COMMITTEE
Joe Guardarrama for Council 2015

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050

CITY
Los Angeles
STATE ZIP CODE AREA CODE/PHONE CA 90017 (213)452-6565

MAILING ADDRESS (IF DIFFERENT)

TAX E-MAIL ADDRESS
(213)452-6575

CITY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles City of West Hollywood

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Joseph A. Guardarrama

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050

CITY
Los Angeles
STATE ZIP CODE AREA CODE/PHONE CA 90017 (213)452-6545

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

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 11/03/2014 By
DATE

Executed on 11/03/2014 By
DATE

Executed on By
DATE

Executed on By
DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Dec/2012)
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