Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE: Matt Ralston for West Hollywood City Council
   STREET ADDRESS (NO P.O. BOX): West Hollywood, CA 90046
   CITY: West Hollywood
   STATE: CA
   ZIP CODE: 90046
   AREA CODE/PHONE:

   MAILING ADDRESS (IF DIFFERENT):
   STREET ADDRESS (NO P.O. BOX):
   CITY:
   STATE:
   ZIP CODE:
   AREA CODE/PHONE:

   TAX/E-MAIL ADDRESS: VoteRalston@gmail.com

   COUNTY OF DOMICILE: USA
   JURISDICTION WHERE COMMITTEE IS ACTIVE: West Hollywood, CA

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers:
   NAME OF TREASURER: Matt Ralston
   STREET ADDRESS (NO P.O. BOX): West Hollywood, CA 90046
   CITY:
   STATE:
   ZIP CODE:
   AREA CODE/PHONE:

   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:

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 9/9/14
   By [Signature]

   Executed on
   By

   Executed on
   By

   Executed on
   By

   Executed on
   By

FPPC Form 410 (Dec/2012)
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