

**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination - See Part 5**

Not yet qualified or List I.D. number: # _____

_____ / _____ / _____ Date qualified as committee
 _____ / _____ / _____ Date qualified as committee (If applicable)
 _____ / _____ / _____ Date of Termination

Date Stamp	CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE
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
larryblock@hotmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Larry Block

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

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)
LARRY BLOCK

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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.

X Executed on 3/11/15 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/11/15 By [Signature]
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