Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   Matt Ralston for West Hollywood City Council
   STREET ADDRESS (NO PO. BOX)
   West Hollywood, CA 90046
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   MAILING ADDRESS (IF DIFFERENT)
   FAX/E-MAIL ADDRESS
   VoterRalston@gmail.com
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   COUNTY OF DOMICILE
   L.A.
   PERSONS WHERE COMMITTEE IS ACTIVE
   West Hollywood
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Matthew Ralston
   STREET ADDRESS (NO PO. BOX)
   West Hollywood, CA 90046
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   NAME OF ASSISTANT TREASURER, IF ANY

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 3/19/15
DATE
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

EXECUTED ON 3/19/15
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

EXECUTED ON
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

EXECUTED ON
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

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