

COPY

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination - See Part 5

List I.D. number:

1373769

_____/_____/_____
Date qualified as committee (if applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
CITY OF	For Official Use Only
15 APR -3 PM 3:34	
OFFICE OF THE CITY CLERK	

1. Committee Information

NAME OF COMMITTEE

Matt Ralston for West Hollywood City Council

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90046

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

voter@ralston@gmail.com

COUNTY OF DOMICILE

L.A.

JURISDICTION WHERE COMMITTEE IS ACTIVE

West Hollywood

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Matthew Ralston

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90046

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.

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]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

3/19/15
DATE

By

[Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT