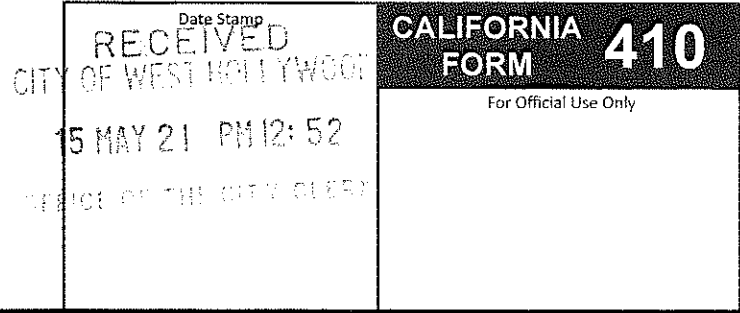


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1376328
 Date qualified as committee: 03 / 31 / 2015
 (If applicable)
 List I.D. number: # _____
 Date of Termination: _____



1. Committee Information

NAME OF COMMITTEE
Block for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
8581 Santa Monica Blvd., #210

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

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
patrick@blanks2go.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	West Hollywood, CA 90069

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patrick Weinbrecht

STREET ADDRESS (NO P.O. BOX)
8581 Santa Monica Blvd., #210

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

NAME OF PRINCIPAL OFFICER(S)
Larry Block

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(310)733-7388

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 5/21/15 By Patrick Weinbrecht
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/21/15 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