

# Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1374259

01/22/2015

Date qualified as committee

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

RECEIVED  
CITY OF WEST HOLLYWOOD  
Date Stamp  
15 MAY 22 PM 12:26  
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE  
Friends of West Hollywood, A Committee to Elect John Heilman to the West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)  
8149 Santa Monica Blvd., #396

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood, CA 90046 562-983-0815

MAILING ADDRESS (IF DIFFERENT)  
525 E. Seaside Way, #101-C  
Long Beach, CA 90802

FAX/E-MAIL ADDRESS  
562-983-0817 gary@crummittandassociates.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Los Angeles

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Gary Crummitt

STREET ADDRESS (NO P.O. BOX)  
525 E. Seaside Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach, CA 90802 562-983-0815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

George Urch

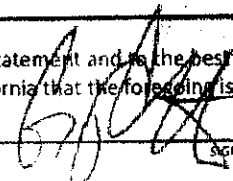
STREET ADDRESS (NO P.O. BOX)  
8149 Santa Monica Blvd., #396

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood, CA 90046 714-464-9125

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 05/20/2015 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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