Statement of Organization
Recipient Committee

Statement Type  □ Initial  □ Amendment
Not yet qualified  □ or  □ Amendment
List I.D. number:

☐ Termination – See Part S
List I.D. number:
1375008

# ____________
Date qualified as committee
# ____________
Date qualified as committee (if applicable)

6 29 2015
Date of Termination

1. Committee Information
NAME OF COMMITTEE:
Neighbors for a Better WH in support of Lauren Meister
STREET ADDRESS (NO PO. BOX):
505 Westmount Drive
CITY: West Hollywood
STATE: CA
ZIP CODE: 90048
AREA CODE/PHONE: (818) 486-6313
MAILING ADDRESS (IF DIFFERENT):

TAX/E-MAIL ADDRESS:

COUNTY OF DOMICILE:

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER:
Shelley Levine
STREET ADDRESS (NO PO. BOX):
13038 Landale Street
CITY: Studio City
STATE: CA
ZIP CODE: 91604
AREA CODE/PHONE: (818) 486-6313
NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO PO. BOX):

CITY:
STATE:
ZIP CODE:
AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER:

STREET ADDRESS (NO PO. BOX):

CITY:
STATE:
ZIP CODE:
AREA CODE/PHONE:

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 6/29/15
By ________________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _________________________
By ________________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _________________________
By ________________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _________________________
By ________________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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