Statement of Organization
Recipient Committee

Type or print in ink

Statement Type  □ Initial  □ Amendment  □ Termination – See Part 5
Not yet qualified  □ or  □
List I.D. number:

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

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Mikel Gerle for City Council 2015

STREET ADDRESS (NO P.O. BOX)

8424 Santa Monica Blvd #A 728

CITY

West Hollywood

STATE

CA

ZIP CODE

90069

AREA CODE/PHONE

323-356-6482

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

mike@weho-we-love.com

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mikel Gerle

STREET ADDRESS

8424 Santa Monica Blvd #A 728

CITY

West Hollywood

STATE

CA

ZIP CODE

90069

AREA CODE/PHONE

323-356-6482

NAME OF ASSISTANT TREASURER, IF ANY

JASON RASMUSSEN

STREET ADDRESS

8424 Santa Monica Blvd #A 728

CITY

West Hollywood

STATE

CA

ZIP CODE

90069

AREA CODE/PHONE

323-356-6482

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 3/24/15

By ________________________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/24/15

By ________________________________

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROпонENT

Executed on ________________________________

By ________________________________

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on ________________________________

By ________________________________

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (January/05)
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