Statement of Organization Recipient Committee

Statement Type: □ Initial ○ Amendment □ Termination – See Part 5

Not yet qualified □ or List I.D. number:

04/03/2015

Date qualified as committee:

# 1376175

List I.D. number:

06/30/2015

Date qualified as committee:

Date of Termination:

1. Committee Information

NAME OF COMMITTEE: W2O United for John Heilman for City Council 2015

STREET ADDRESS (NO P.O. BOX):
8899 Beverly Blvd.

CITY: Hollywood, CA 90048

STATE: CA ZIP CODE: 90048 AREA CODE/PHONE: 562-903-0815

MAILING ADDRESS (IF DIFFERENT):
525 E. Seaside Way, #101-C

LONG BEACH, CA 90802

CITY: Long Beach, CA 90802

STATE: CA ZIP CODE: 90802 AREA CODE/PHONE: 562-983-0815

FAX/EMAIL ADDRESS:
562-983-0817 gary@crummittandassociates.com

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER:
Gary Crummitt

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

LONG BEACH, CA 90802

CITY: Long Beach, CA 90802

STATE: CA ZIP CODE: 90802 AREA CODE/PHONE: 562-983-0815

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

CITY: Long Beach, CA 90802

STATE: CA ZIP CODE: 90802 AREA CODE/PHONE: 562-983-0815

NAME OF PRINCIPAL OFFICERS:

Manny Rodriguez

STREET ADDRESS (NO P.O. BOX):
8937 Dorritton Ave.

CITY: West Hollywood, CA 90048

STATE: CA ZIP CODE: 90048 AREA CODE/PHONE: 323-656-9233

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 07/30/2015 By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on [DATE] By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on [DATE] By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on [DATE] By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov