Statement of Organization
Recipient Committee

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

# 1372737

Date qualified as committee
12/31/15
Date qualified as committee
(if applicable)
Date of Termination

1. Committee Information
NAME OF COMMITTEE
Lindsey Horvath for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
16633 Ventura Blvd., #1008
CITY
Encino
STATE
CA
ZIP CODE
91436
AREA CODE/PHONE
323-655-4065

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Jane Leiderman

STREET ADDRESS (NO P.O. BOX)
16633 Ventura Blvd., #1008
CITY
Encino
STATE
CA
ZIP CODE
91436
AREA CODE/PHONE
323-655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 1/29/16
By

Executed on 1/28/16
By

Executed on
By

Executed on
By

Signature of Treasurer or Assistant Treasurer
Signature of Controlling Officeholder, Candidate, or State Measure Proponent
Signature of Controlling Officeholder, Candidate, or State Measure Proponent
Signature of Controlling Officeholder, Candidate, or State Measure Proponent

FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)