Statement of Organization
Recipient Committee

Statement Type  □ Initial
                 □ Amendment
                 □ Termination – See Part 5
                 Not yet qualified □ or

[Space for I.D. number]

Type or print in ink

Date qualified as committee

Date qualified as committee (If applicable)

1. Committee Information

NAME OF COMMITTEE
Lauren Meister for City Council

STREET ADDRESS (NO PO. BOX)
337 Westbourne Drive

CITY  STATE  ZIP CODE  AREA CODE/PHONE
West Hollywood  CA  90048  310-659-3379

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 691786 West Hollywood CA 90069

OPTIONAL: FAX/E-MAIL ADDRESS
lauren@meister4weho.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
Elyse Debra Eisenberg

STREET ADDRESS
1230 Horn Avenue, #526

CITY  STATE  ZIP CODE  AREA CODE/PHONE
West Hollywood  CA  90069  310-657-6190

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

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 12/31/2009

DATE

Executed on 12/31/2009

DATE

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

FPPC Form 410 (Jan/01)
FPPC Toll-Free Hotline: 866/ASK-FPPC
4. Type of Committee  Complete the applicable sections.

**Controlled Committee**
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren Meister</td>
<td>City Council member</td>
<td>2009</td>
<td>☑ Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>310-289-4225</td>
<td>23435-46177</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8655 Beverly Boulevard</td>
<td></td>
<td></td>
<td>90048</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. Type of Committee  (Continued)

**General Purpose Committee**  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- [ ] CITY Committee
- [ ] COUNTY Committee
- [ ] STATE Committee

**Sponsored Committee:**  List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
</table>

| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE |

**Small Contributor Committee**  

[ ] [ ] [ ] Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.