Statement of Organization
Recipient Committee

Statement Type □ Initial       □ Amendment       □ Termination – See Part 5
01/03/2007
Date qualified as committee

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Patricia Nell Warren

STREET ADDRESS (NO PO. BOX)
7985 Santa Monica Blvd., 109-408

CITY
West Hollywood, CA
STATE ZIP CODE 90066 323-966-2465
AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
c/o ML Associates, LLC 8581 Santa Monica Blvd., #504
West Hollywood, CA 90069

OPTIONAL: FAX / E-MAIL ADDRESS
323-395-0519

COUNTY OF DOMICILE
Los Angeles

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
Kevin Sumida

STREET ADDRESS
8581 Santa Monica Blvd., #504
West Hollywood, CA 90069 310-385-7300

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY
West Hollywood, CA
STATE ZIP CODE 90069
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 10/21/2010
By

Executed on 10/20/2010
By

Executed on
By

Executed on
By

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FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 868/ASK-FPPC
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect Patricia Nell Warren

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>Patricia Nell Warren</td>
<td>City Council Member</td>
<td></td>
<td>☑️ Non-Partisan</td>
</tr>
<tr>
<td></td>
<td>West Hollywood</td>
<td></td>
<td>☐ Non-Partisan</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>Wells Fargo Bank</td>
<td>310-285-5920</td>
<td>7884547709</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>433 W. Camden Drive, 2nd Floor</td>
<td>Beverly Hills</td>
<td>CA</td>
<td>90210</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>

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect Patricia Nell Warren

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee  List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE

Small Contributor Committee  ☐  Date qualified  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.