

**Statement of Organization Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

\_\_\_\_\_  
Date qualified as committee

# \_\_\_\_\_  
\_\_\_\_\_  
Date qualified as committee  
(if applicable)

# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED**  
CITY OF WEST HOLLYWOOD  
15 JAN 26 PM 2:38  
OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Neighbors for a Better West Hollywood

STREET ADDRESS (NO P.O. BOX)  
505 Westmount Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90048

MAILING ADDRESS (IF DIFFERENT)  
12400 Ventura Blvd. #363, Studio City, CA 91604

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Los Angeles	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE West Hollywood
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NAME OF TREASURER  
Shelley Levine

STREET ADDRESS  
12400 Ventura Blvd. #363

CITY STATE ZIP CODE AREA CODE/PHONE  
Studio City CA 91604 (818) 488-6313

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

Attach additional information on appropriately labeled continuation sheets.

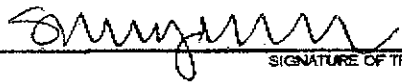
**Verification**  
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/21/15  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT