

**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 Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
15 JAN 26 AM 9:50
OFFICE OF THE CITY CLERK

CALIFORNIA FORM **410**

For Official Use Only

Date qualified as committee

Date qualified as committee
(if applicable)

970426
12,31,14
Date of Termination

1. Committee Information

NAME OF COMMITTEE

West Hollywood Councilmember Jeffrey Prang

2013 Officeholder Account

STREET ADDRESS (NO P.O. BOX)

7985 Santa Monica Bl #590

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90046 323-654-8433

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

Esther Baum

STREET ADDRESS (NO P.O. BOX)

1265 N. Harper Ave #9

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90046 323-656-8231

NAME OF ASSISTANT TREASURER, IF ANY

Donna Saur

STREET ADDRESS (NO P.O. BOX)

1024 1/2 Gardner St.

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90046 323-876-0453

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 1-26-15
DATE

Executed on 1-26-15
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT