

**Statement of Organization
Recipient Committee**

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L Type or print in ink

1341620

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

For Official Use Only

Statement Type Initial
Not yet qualified or

Date qualified as committee

Amendment
List I.D. number:
1341620
11/30/11
Date qualified as committee
(if applicable)

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

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 09 2011

DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF COMMITTEE
MICHAEL WEST FOR WALNUT CITY COUNCIL 2012

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
WALNUT CA 91789 909-595-2604

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
WESTFORWALNUT@YAHOO.COM

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
MICHAEL WEST

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
WALNUT CA 91789 909-595-2604

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.

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 11/30/11
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Michael West
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