

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 <input type="checkbox"/> Date of termination _____/_____/_____
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Date Stamp
RECEIVED
JUL 26 2022
CITY OF WESTLAKE VILLAGE
WESTLAKE VILLAGE, CA

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Brad Halpern for WLV City Council 2022				NAME OF TREASURER Brad Halpern			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		AREA CODE/PHONE 818-292-6080	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bradhapernwlv@gmail.com				STREET ADDRESS (NO P.O. BOX)			
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		AREA CODE/PHONE [REDACTED]	
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Westlake Village			NAME OF PRINCIPAL OFFICER(S) Brad Halpern			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY [REDACTED]		STATE [REDACTED]	
[REDACTED]				ZIP CODE [REDACTED]		AREA CODE/PHONE 818-292-6080	

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 information provided is true and correct.

Executed on 7/26/22 By [REDACTED] TREASURER

Executed on 7/26/22 By [REDACTED] STATE MEASURE PROPONENT

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

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