Statement of Organization
Recipient Committee
Statement Type
☑ Initial
☐ Amendment
☐ Termination – See Part 5

Date Stamp
RECEIVED
JUL 26, 2022

CITY OF WESTLAKE VILLAGE
WESTLAKE VILLAGE, CA

1. Committee Information
I.D. Number
NAME OF COMMITTEE
Brad Halpern for WLV City Council 2022

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

E-MAIL ADDRESS [REQUIRED] / FAX [OPTIONAL]
bradhallernejlw@gmail.com

COUNTY OF DOMICILE
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Westlake Village

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Brad Halpern

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE
818-292-6080

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Brad Halpern

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE
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 statements made by me above are true and correct.

Executed on 7/26/22 By
DATE

Executed on 8/26/22 By
DATE

Executed on By
DATE

Executed on By
DATE

FPPC Form 410 (August/2018)
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