FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ee instructions)	ON		Office use only
NAME OF COMMITTEE (in	full) (Checl is char		xample: If typying, type ver the lines	12FE4M5	
WESTLA DEN	MOCRATIC CLUB				1
	PO BOX 88	3647			
ADDRESS (number and	street)				
(Check if addition is changed)	ress LOS ANGE	LES LILI		CA L	90009 -
		CITY	•	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	andassociates.com				
Ilony@ddrkee					
ш					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX I 8182600657	NUMBER				
2. DATE 0 2	M / D D / Y Y O	O 7			
3. FEC IDENTIFICA	ATION NUMBER	CC	00407007		
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the b	est of my knowledge	and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer Paulet	te C. Nuttle			
Signature of Treasure	r Electronically Filed by	Paulette C. Nut	tle	Date 0 2	05 2007
NOTE: Submission of fa	alse, erroneous, or incomplete in		ct the person signing this Stat	·	s of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COM	MITTEE (Check One)	
	(b)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c) -	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(e) - (f) X -	(National, State (or subordinate) committee of the This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	(Democratic, Republican,etc.) Party. d fund or party
6.	Name of Any C	Connected Organization or Affiliated Committee	
L			
L	1 1 1 1 1		
	Mailing Address	<u> </u>	
		CITY▲ STATE ▲	ZIP CODE 🛦
	Relationship Type of Connec	eted Organization:	
	Corpora	ation Corporation w/o Capital Stock Labor Organi	ization
	Membe	ership Organization Trade Association Cooperative	

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Write or Type Committee Name			
WEST LA DEMOCRATIC CL	.UB		
 Custodian of Records: Identify possession of Committee book 	by name, address, (phone nunks and records.	nber optional), and position o	of the person in
Full Name Kelly S. Wi	llis		
Mailing Address	1631 Shell Ave.		
	Venice	CA	90291
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Custodian of I	Records	Telephone number	704 8061
Full Name of Treasurer Paulette C. Mailing Address	Nuttle 2497 Wellesley Ave		
	Los Angeles		90064
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
Treasurer		Telephone number 310	
Full Name of Designated Agent			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

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9.	Banks or Other safety deposit box	xes	or	ma	int	ain				ba	ınk	s c	r o	the	r d	ерс	osi	tori	es	in	whi	ich	the	e cc	omr	nitt	ее с	dep	osi	ts f	unc	ds,	hol	ds	ac	COL	ınts	s, re	∍nt:	S			
	Name of Bank, D	еро	sito	ory,	et	C.																																					
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	Mailing Address						L						L						L	L													L		L								
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