

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1334417

1 / 6 / 11
Date qualified as committee
(If applicable)

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

_____/_____/_____
Date of Termination

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 11 JAN 26 PM 12:08 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
---	---

1. Committee Information

NAME OF COMMITTEE

Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, homeowners associations and seniors opposed to the permitting and expansion of illegal billboards – No on Measure A

STREET ADDRESS (NO PO. BOX)

1212 S. Victory Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	818-260-0669

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

818-260-0657

COUNTY OF DOMICILE

Los Angeles

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

Kinde Durkee

STREET ADDRESS

1212 S. Victory Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	818-260-0669

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

SEE ATTACHED PAGE

MAILING ADDRESS

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 1/25/11
DATE

By Kinde Durkee

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, hom

1334417

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Measure A	Ballot measure in West Hollywood, CA, 2011	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, hom

I.D. NUMBER

1334417

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Clear Channel Outdoor - Southern California

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Outdoor advertising

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

19320 Harborgate Way

Torrance

CA

90501

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, hom

I.D. NUMBER

1334417

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To make independent expenditures on behalf of candidates and/or ballot measures.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

CBS Outdoor

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Outdoor advertising

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

1731 Workman Street

Los Angeles

CA

90031

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, hom

Page 3

I.D. NUMBER

1334417

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Van Wagner Outdoor

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Outdoor advertising

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

11829 Ventura Boulevard

Studio City

CA

91604

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, hom

I.D. NUMBER

1334417

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Lamar Adverting

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Outdoor advertising

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

5321 Corporate Blvd.

Baton Rouge

LA

70808

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Form 410 Attachment for Page 1, Part 2: Principal Officers

President:

John Q. Duong
19320 Harborage Way
Torrance, CA 90501
310-755-7263

Secretary and Chief Financial Officer:

Ryan Brooks
1731 Workman Street
Los Angeles, CA 90031
323-276-7202