

**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:

1325035

3 / 1 / 10
Date qualified as committee
(if applicable)

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

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
RE CITY OF WEST HOLLYWOOD 11 FEB 18 AM 8:36 OFFICE OF THE CITY CLERK	

1. Committee Information

NAME OF COMMITTEE

No on Measure A - West Hollywood Citizens for Responsible Growth,
Sponsored and Major Funding By West Hollywood Properties, LLC.

STREET ADDRESS (NO RO. 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	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

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
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Chair: Brian Kennedy

MAILING ADDRESS

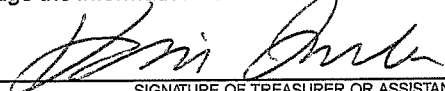
8820 Sunset Blvd., Suite F

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90069	310-657-8883

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 2/17/11
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

No on Measure A – West Hollywood Citizens for Responsible Growth, Sponsored and Major Funding By West Hollywood Properties,

1325035

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 – Tax Billboard Act	City of West Hollywood, 2011	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>