

**Statement of Organization  
Recipient Committee**

Type or print in ink

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STATEMENT OF ORGANIZATION  
**CALIFORNIA FORM 410**  
For Official Use Only

Statement Type  Initial  Amendment  
 Not yet qualified  or List I.D. number:  
 # 1325035  
 \_\_\_\_\_  
 Date qualified as committee  
 \_\_\_\_\_  
 Date qualified as committee  
 (If applicable) 03/01/2010  
 \_\_\_\_\_  
 Date of Termination

**1. Committee Information**

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
No On Measure A - West Hollywood Citizens For Responsible Growth  
 STREET ADDRESS (NO P.O. BOX)  
9401 Wilshire Blvd.  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Beverly Hills, CA 90212 (818) 260-0669  
 MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_  
 COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
Los Angeles County

NAME OF TREASURER  
Stacy Owens  
 STREET ADDRESS (NO P.O. BOX)  
5940 College Avenue  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Oakland, CA 94618 (510) 652-1000  
 NAME OF ASSISTANT TREASURER, IF ANY  
Henry C. Levy  
 STREET ADDRESS (NO P.O. BOX)  
5940 College Avenue  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Oakland, CA 94618 (510) 652-1000  
 NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**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 01/31/2012 DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
No On Measure A - West Hollywood Citizens For Responsible Growth

I.D. NUMBER  
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 A	City of West Hollywood, CA		X
		SUPPORT	OPPOSE

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CALIFORNIA FORM	<b>410</b>
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I.D. NUMBER	
1325035	

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COMMITTEE NAME  
No On Measure A - West Hollywood Citizens For Responsible Growth

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		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

**Small Contributor Committee**  \_\_\_\_\_  
Date qualified

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.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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**Additional Comments  
for Form 410**

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CALIFORNIA **410**  
FORM

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

No On Measure A - West Hollywood Citizens For Responsible Growth

I.D. NUMBER

1325035

The committee has changed treasurers.

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