Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 5)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled (Also Complete Part 6)
   - [ ] Sponsored

2. Type of Statement:
   - [ ] Preliminary Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Preliminary Statement - Attach Form 495

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO 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) 280-0669

   MAILING ADDRESS IF DIFFERENT) NO. AND STREET OR P.O. BOX

   CITY STATE ZIP CODE AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7/31/2014
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on __________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on __________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on __________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 800/ASK-FPPC (866/278-3772) State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Measure A - Tax Billboard Act

BALLOT NO. OR LETTER JURISDICTION
A City of West Hollywood, CA

IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT, IF ANY.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>215.55</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>215.55</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>8840</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$0</td>
<td>8840</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0</td>
<td>9055.55</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0</td>
<td>9055.55</td>
</tr>
</tbody>
</table>

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To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
**Schedule B - Part 1**

**Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

**Statement covers period from 1/1/2014 through 6/30/2014**

**CALIFORNIA FORM 460**

**Page 4 of 5**

**Name of Filer:**

No On Measure A - West Hollywood Citizens For Responsible Growth

**I.D. Number:**

1325035

<table>
<thead>
<tr>
<th>Full Name, Street Address and ZIP Code of Lender</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutan &amp; Tucker, LLP 611 Anton Blvd, Suite 1400 Costa Mesa, CA 92626 Loan in the form of accounting services</td>
<td>$215.55</td>
<td>$0</td>
<td>$215.55</td>
<td>0</td>
<td>215.55</td>
<td>0%</td>
<td>$215.55</td>
</tr>
<tr>
<td></td>
<td>$215.55</td>
<td>$0</td>
<td>$215.55</td>
<td>0</td>
<td>215.55</td>
<td>0%</td>
<td>$215.55</td>
</tr>
<tr>
<td></td>
<td>$215.55</td>
<td>$0</td>
<td>$215.55</td>
<td>0</td>
<td>215.55</td>
<td>0%</td>
<td>$215.55</td>
</tr>
</tbody>
</table>

**Subtotals $** $0 $0 $0 $0 $0 $0 $0 $0

**Schedule B Summary**

1. Loans received this period ............................................................ $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................. $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ....................... NET $ 0
   (May be a negative number)

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*Amounts forgiven or paid by another party also must be reported on Schedule A.

**Contributor Codes**

- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

**FPCC Form 460 (January/05)**

**FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
### Schedule F
#### Accrued Expenses (Unpaid Bills)

**NAME OF FILER**
No On Measure A - West Hollywood Citizens For Responsible Growth

**I.D. NUMBER**
1325035

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CWF campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVO civic donations
- FIL candidate filing/ballot fees
- RNK fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manatt, Phelps, Phillips</td>
<td>PRO</td>
<td>8840.00</td>
<td>0</td>
<td>0</td>
<td>8840.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

   INCURRED TOTALS $ 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

   PAID TOTALS $ 0

3. Net change this period. (*Subtract* Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

   NET $ 0

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*SCHEDULE F*

Statement covers period from 1/1/2014 through 6/30/2014

**CALIFORNIA FORM 460**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)