### 1. Committee/Filer Information

**Committee/Filer's Name**
Sunset Strip, Inc.

**Street Address (No P.O. Box)**
7119 W Sunset Blvd., Suite 555

**City**
Los Angeles

**State**
CA

**Zip Code**
90046

**ID Number (If Recipient Committee)**

**Treasurer (If Recipient Committee)**

**Name of Treasurer**

**Mailing Address**

**City**

**State**

**Zip Code**

**Area Code/Phone**

**Optional: Fax/E-mail Address**

### 2. Name of Candidate or Measure Supported or Opposed

**Name of Candidate**

**Name of Ballot Measure**
Billboard Tax Initiative

**Office Sought or Held and District, If Applicable**

**Support**

**Oppose**

**Ballot No./Letter**
A

**Jurisdiction**
City of West Hollywood

### 3. Independent Expenditures Made

**Attach additional information on appropriately labeled continuation sheets.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Address of Payee</th>
<th>Description of Expenditure</th>
<th>Amount</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/2011</td>
<td>Goodwin Simon Strategic Research 3461 Cattaraugus Ave., Culver City, CA 90232</td>
<td>POL</td>
<td>15,050.00</td>
<td>35,050.00</td>
</tr>
<tr>
<td>01/07/2011</td>
<td>Burnside &amp; Associates, Inc. 1311 S. Tremaine Ave., Los Angeles, CA 90046</td>
<td>CNS</td>
<td>5,000.00</td>
<td>35,050.00</td>
</tr>
<tr>
<td>01/07/2011</td>
<td>Barbara Grover, Inc. 1323 Lucile Ave., Los Angeles, CA 90026</td>
<td>CNS</td>
<td>15,000.00</td>
<td>35,050.00</td>
</tr>
</tbody>
</table>

**FPPC Form 465**

**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sunset Strip, Inc.

4. Summary
1. Total independent expenditures of $100 or more made this period. (Part 3.) .............................................................. $ 35,050.00
2. Total independent expenditures under $100 made this period. (Not itemized.) .............................................................. $ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) .............................................................. TOTAL $ 35,050.00

5. Filing Officers Enter the name and address of each filing officer with whom the filer’s most recent campaign statements (Form 450, 460 or 481) have been filed.

1) NAME OF FILING OFFICER
West Hollywood City Clerk

ADDRESS (NO. AND STREET)
8300 Santa Monica Blvd

CITY WEST HOLLYWOOD, CA 90069

STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification
I have used all reasonable diligence in preparing and reviewing 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 1/27/11
DATE

By[
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on DATE

By[
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By[
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on DATE

By[
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 465
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)