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.
   - [ ] Officetholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [x] Primarily Formed Ballot Measure Committee
   - [x] Sponsored
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officetholder Committee

2. Type of Statement:
   - [x] Prelection Statement
   - [ ] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
   - [ ] Supplemental Prelection Statement - Attach Form 495
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER 1325035
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     No On Measure A - West Hollywood Citizens For Responsible Growth, Sponsored and Major Funding by West Hollywood Properties, LLC.
   - STREET ADDRESS (NO P.O. BOX)
     1212 S Victory Bl
   - CITY Burbank
   - STATE CA
   - ZIP CODE 91502
   - AREA CODE/PHONE (818) 260-0669
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     1212 S Victory Bl
   - CITY Burbank
   - STATE CA
   - ZIP CODE 91502
   - 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 02/22/2011
   By Kinde Durkee
   Signature of Treasurer or Assistant Treasurer

   Executed on Date
   By Signature of Controlling Officetholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on Date
   By Signature of Controlling Officetholder, Candidate, State Measure Proponent

   Executed on Date
   By Signature of Controlling Officetholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE |
| Measure A |
| BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | OPPOSE |
| A | West Hollywood CA | X | |

Identify the controlling officeholder, candidate, or state measure proponent, 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $25000.00 $25000.00
2. Loans Received .......................................... Schedule B, Line 3 $0.00 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS ....................... Add Lines 1 + 2 $25000.00 $25000.00
4. Nonmonetary Contributions .......................... Schedule C, Line 3 $0.00 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED ................... Add Lines 3 + 4 $25000.00 $25000.00

### Expenditures Made

6. Payments Made ......................................... Schedule E, Line 4 $5603.86 $5603.86
7. Loans Made ............................................. Schedule H, Line 3 $0.00 $0.00
8. SUBTOTAL CASH PAYMENTS .......................... Add Lines 6 + 7 $5603.86 $5603.86
9. Accrued Expenses (Unpaid Bills) ....................... Schedule F, Line 3 $0.00 $8840.00
10. Nonmonetary Adjustment ............................. Schedule C, Line 3 $0.00 $0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $5603.86 $14443.86

### Current Cash Statement

12. Beginning Cash Balance .......................... Previous Summary Page, Line 16 $5347.84
13. Cash Receipts ......................................... Column A, Line 3 above $25000.00
14. Miscellaneous Increases to Cash .................... Schedule I, Line 4 $0.00
15. Cash Payments ........................................ Column A, Line 8 above $5603.86
16. ENDING CASH BALANCE ......................... Add Lines 12 + 13 + 14, then subtract Line 15 $24743.98

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ....................................... See instructions on reverse $0.00
19. Outstanding Debts .................................... Add Line 2 + Line 9 in Column B above $8840.00

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Date of Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$</td>
<td>1/1 through 6/30 7/1 to Date</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>$25000.00</td>
<td>$25000.00</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>$5603.86</td>
<td>$14443.86</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   Date of Election (mm/dd/yy) Total to Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>$</td>
</tr>
</tbody>
</table>

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

**Monetary Contributions Received**

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

**Statement covers period**

from **01/01/2011**

through **02/19/2011**

**No On Measure A - West Hollywood Citizens For Responsible Growth, Sponsored and Major Funding by West Hollywood Properties, LLC**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/2011</td>
<td>West Hollywood Properties, LLC 9401 Wilshire Bl Beverly Hills CA 90212</td>
<td></td>
<td></td>
<td>25000.00</td>
<td>25000.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 25,000.00**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................ $ 25000.00

2. Amount received this period – unitemized monetary contributions of less than $100 ................................ $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. $ 25000.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

NAME OF FILER
No On Measure A - West Hollywood Citizens For Responsible Growth, Sponsored and Major Funding by West Hollywood Properties, LLC.

I.D. NUMBER
1325035

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/2011</td>
<td>West Hollywood</td>
<td>☑ Independent Expenditure: Mailer</td>
<td></td>
<td>5601.00</td>
<td>5601.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 5,601.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ........................................... $ 5601.00

2. Unitemized contributions and independent expenditures made this period of under $100 ................................................................. $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .................. TOTAL $ 5601.00
No On Measure A - West Hollywood Citizens For Responsible Growth, Sponsored and Major Funding by West Hollywood Properties, LLC

**Schedule E**

**Payments Made**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bieber Communications</td>
<td>IND</td>
<td>Independent Expenditure: Mailer</td>
<td>5601.00</td>
</tr>
<tr>
<td>3609 W MacArthur Blvd #812</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Ana, CA 92704</td>
<td>POS</td>
<td></td>
<td>1250.00</td>
</tr>
<tr>
<td>USPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8201 Canoga Av, Canoga Park</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA 91304</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 5601.00
2. Unitemized payments made this period of under $100 .......................................................... $ 2.86
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). .......................................................... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6) .......... TOTAL $ 5603.86
<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>LEG</td>
<td>8840.00</td>
<td>0.00</td>
<td>0.00</td>
<td>8840.00</td>
</tr>
<tr>
<td>11355 W Olympic Bl</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles</td>
<td>CA 90064</td>
<td></td>
<td></td>
<td></td>
<td></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 $ 0.00

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 $ 0.00

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 $ 0.00