

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

04/21/2014

Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee  
(if applicable)

Termination – See Part 5

List I.D. number:

# 1367101

04, 09, 2015

Date of Termination

Date Stamp  
CITY OF SANTA CLARITA  
2015 APR 10 P 3:22  
CITY CLERK OFFICE

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
CITIZENS FOR BILLBOARD REDUCTION IN SANTA CLARITA, SPONSORED BY ALL VISION, LLC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
CAMPAIGN@CAMPAIGNLAWYERS.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
LOS ANGELES SANTA CLARITA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
BRADLEY W. HERTZ

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

JAMES R. SUTTON

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

ROBERT HORWITZ

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 4/8/15 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT