



Statement of Organization Recipient Committee

Statement Type [X] Initial [] Amendment [] Termination - See Part 5
Not yet qualified [] or
04/21/2014
Date qualified as committee

Date Stamp: CITY OF SANTA CLARITA, 2014 MAY -6 A 10:47, RECEIVED CITY CLERKS 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
COUNTY OF DOMICILE: LOS ANGELES
JURISDICTION WHERE COMMITTEE IS ACTIVE: 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 [Signature] DATE By [Signature] TREASURER
Executed on [Signature] DATE By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Signature] DATE By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Signature] DATE By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT