

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Date qualified as committee
(if applicable)

04/23/2014
_____/_____/_____
Date qualified as committee

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp	CALIFORNIA FORM 410
CITY OF SANTA CLARITA	For Official Use Only
2014 MAY 29 P 2:29	
RECEIVED CITY CLERKS OFFICE	

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)

TAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

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 5/19/14 By _____

NAME OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT