COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp: RECEIVED CITY OF WEST HOLLYWOOD 08 JAN 31 PM 12:19 OFFICE OF THE CITY CLERK

**CALIFORNIA 2001/02 FORM 460**

Page 1 of 44

For Official Use Only

**Statement covers period** from 01/01/2007 through 06/30/2007

**Date of election if applicable:** (Month, Day, Year) 03/10/2009

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

## 2. Type of Statement:

- [ ] Preelection Statement
- [X] Semi-annual Statement
- [ ] Termination Statement
- [X] Amendment (Explain below)
  - Amending Sch C - adding inkinds
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER: 1236094

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Duran For City Council

STREET ADDRESS (NO P.O. BOX)
1212 S Victory Bl

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91502 | (818) 260-0669 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1212 S Victory Bl

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91502 | |

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Bl

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91502 | (818) 260-0669 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | 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 01/10/2008 (Date) By Kinde Durkee (Signature of Treasurer or Assistant Treasurer)

Executed on 01/10/2008 (Date) By John Duran (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John Duran

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

W. Hollywood City Council, City Of West Hollywood, District: n/a

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| 1212 S Victory Bl | Burbank | CA | 91502 |

**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.***

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|

## 7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

***Attach continuation sheets if necessary***

# Campaign Disclosure Statement
# Summary Page

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

SUMMARY PAGE

**Statement covers period**
from 01/01/2007
through 06/30/2007

**CALIFORNIA FORM 460**

Page 3 of 44

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

## Contributions Received

| | | Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) | Column B (CALENDAR YEAR TOTALT O DATE |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 62744.00 | $ 62744.00 |
| 2. Loans Received | *Schedule B, Line 7* | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 62744.00 | $ 62744.00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 4000.00 | 4000.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 66744.00 | $ 66744.00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 35078.22 | $ 35078.22 |
| 7. Loans Made | *Schedule H, Line 7* | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 35078.22 | $ 35078.22 |
| 9. Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | *Schedule C, Line 3* | 4000.00 | 4000.00 |
| 11. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | $ 39078.22 | $ 39078.22 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 1526.93 |
| 13. Cash Receipts | *Column A, Line 3 above* | 62744.00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 5.73 |
| 15. Cash Payments | *Column A, Line 8 above* | 35078.22 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 29198.44 |

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

## 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* | $ 0.00 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

| | 1/1 through 6/30 | 7/1 to Date |
|---|---|---|
| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

## 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 |
|---|---|
| / / | $ |
| / / | $ |
| / / | $ |
| / / | $ |
| / / | $ |
| / / | $ |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule C
## Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 01/01/2007
through 06/30/2007

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|---|
| 06/20/2007 | Asia De Cuba<br>8440 Sunset Bl<br>West Hollywood CA 90069 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | Event costs | 1000.00 | 1000.00 | $1000.00 P2009 |
| 06/20/2007 | Quality Parking<br>8440 Sunset Bl<br>West Hollywood CA 90069 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | Event costs | 1000.00 | 1000.00 | $1000.00 P2009 |
| 06/20/2007 | Skybar<br>8440 Sunset Bl<br>West Hollywood CA 90069 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | Event costs | 1000.00 | 1000.00 | $1000.00 P2009 |
| 06/20/2007 | The Mondrian Hotel<br>8440 Sunset Bl<br>West Hollywood CA 90069 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | Event costs | 1000.00 | 1000.00 | $1000.00 P2009 |

*Attach additional information on appropriately labeled continuation sheets.* **SUBTOTAL $** 4000.00

## Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 4000.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 4000.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee