

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2013</u> through <u>06/30/2013</u>	<b>RECEIVED</b> Date Stamp <b>CITY OF WEST HOLLYWOOD</b> <b>13 AUG -2 PM 3:52</b> OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year)		

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
850089

COMMITTEE/FILER'S NAME

West Hollywood Democratic Club/Beverly Hills Democratic Club

STREET ADDRESS (NO P.O. BOX)

601 N. Roxbury Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA, 90210 310-278-7596

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Lillian Raffel

MAILING ADDRESS

601 N. Roxbury Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA, 90210 310-278-7596

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE West Hollywood Term Limits 2013	BALLOT NO./LETTER C JURISDICTION City of West Hollywood	SUPPORT	OPPOSE X

## 3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/01/2013	Time Warner Cable P.O. Box 691572 West Hollywood, CA 90069	TV ad	1,150.50	2,667.16
03/01/2013	Woodland Hills Printing 21602 Ventura Blvd. Woodland Hills, CA 91364	Mailer	1,191.66	2,667.16
03/01/2013	Political Data, Inc. P.O. Box 59570 Norwalk, CA 90652	Voter Files	125.00	2,667.16



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from	01/01/2013	
through	06/30/2013	Page <u>3</u> of <u>3</u>
NAME OF FILER West Hollywood Democratic Club/Beverly Hills Democratic Club		I.D. NUMBER (If recipient com.) 850089

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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2,667.16
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	2,667.16

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
City of West Hollywood

ADDRESS (NO. AND STREET)  
8300 Santa Monica Blvd.

CITY STATE ZIP CODE  
West Hollywood, CA 90069

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing 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 7/31/13  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT