# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON Reverse

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**1. Committee/Filer Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER (if recipient committee)</th>
<th>850089</th>
</tr>
</thead>
</table>

**COMMITTEE/FILER'S NAME**

West Hollywood Democratic Club/Beverly Hills Democratic Club

**STREET ADDRESS (NO P.O. BOX)**

601 N. Roxbury Dr.

**CITY**

Beverly Hills

**STATE**

CA

**ZIP CODE**

90210

**AREA CODE/PHONE**

310-278-7596

**Treasurer (If recipient committee)**

**NAME OF TREASURER**

Lillian Raffel

**MAILING ADDRESS**

601 N. Roxbury Dr.

**CITY**

Beverly Hills

**STATE**

CA

**ZIP CODE**

90210

**AREA CODE/PHONE**

310-278-7596

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

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

**NAME OF BALLOT MEASURE**

West Hollywood Term Limits 2013

**BALLOT NO./LETTER**

C

**JURISDICTION**

City of West Hollywood

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**3. Independent Expenditures Made**

Attach additional information on appropriately labeled continuation sheets.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/2013</td>
<td>Time Warner Cable P.O. Box 651572, West Hollywood, CA 90069</td>
<td>TV ad</td>
<td>1,150.50</td>
<td>2,667.16</td>
</tr>
<tr>
<td>03/01/2013</td>
<td>Woodland Hills Printing 21602 Ventura Blvd., Woodland Hills, CA 91364</td>
<td>Mailer</td>
<td>1,151.65</td>
<td>2,667.16</td>
</tr>
<tr>
<td>03/01/2013</td>
<td>Political Data, Inc. P.O. Box 55570, Norwalk, CA 90652</td>
<td>Voter Files</td>
<td>125.00</td>
<td>2,667.16</td>
</tr>
</tbody>
</table>

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FPPC Form 465 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Supplemental Independent Expenditure Report

**SEE INSTRUCTIONS ON REVERSE**

For use by an officeholder, candidate, or committee making independent expenditures totaling $1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

**IV Independent Expenditures Made**

Attach additional information on appropriately labeled continuation sheets.

<table>
<thead>
<tr>
<th>DATE</th>
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<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>03/01/2013</td>
<td>Woodland Hills Printing</td>
<td>Mailer</td>
<td>200.00</td>
</tr>
<tr>
<td></td>
<td>21602 Ventura Blvd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2,667.16</td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
West Hollywood Democratic Club/Beverly Hills Democratic Club

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.) ........................................................................... TOTAL $ 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)
6300 Santa Monica Blvd.

CITY West Hollywood, CA 90069
STATE ZIP CODE

3) 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 correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/16
DATE

By [Signature of Filer, Treasurer or Assistant Treasurer]

Executed on
DATE

By [Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]

Executed on
DATE

By [Signature of Controlling Officer/Holder, Candidate, State Measure Proponent]

Executed on
DATE

By [Signature of Controlling Officer/Holder, Candidate, State Measure Proponent]

FPPC Form 465 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)