Committee/Filer Information

**Committee/Filer's Name**
Neighbors for a Better West Hollywood

**Street Address (No P.O. Box)**
505 Westmount Drive

**City**
West Hollywood

**State/Zip Code/Area Code/Phone**
CA 90048 (818) 486-6313

Treasurer (If recipient committee)

**Name of Treasurer**
Shelley Levine

**Mailing Address**
13039 Landale Street
Studio City, CA 91604 (818) 486-6313

Name of Candidate or Measure Supported or Opposed

**Name of Candidate**
Lauren Meister

**Name of Ballot Measure**

Independent Expenditures Made

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Address of Payee</th>
<th>Description of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/26/15</td>
<td>Election Digest 13701 Riverside Drive, Ste. 604 Sherman Oaks, CA 91423</td>
<td>State Guide</td>
<td>$225.00</td>
</tr>
<tr>
<td>2/26/15</td>
<td>Voter Guide State Guide 6285 E. Spring Street, Set, 202 Long Beach, CA 90808</td>
<td>State Guide</td>
<td>$870.00</td>
</tr>
<tr>
<td>2/26/15</td>
<td>Cops Voter Guide 705-2 E. Bidwell Street, #370 Folsom, CA 95630</td>
<td>State Guide</td>
<td>$2,000.00</td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

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

Supplemental Independent Expenditure Report

Report covers period
from: January 23, 2015
through: January 31, 2015

Page of

1. ID NUMBER (if recipient com.)
Not Received Yet

NAME OF FILER
Neighbors for a Better West Hollywood

4. Summary
1. Total independent expenditures of $100 or more made this period.  (Part 3.) $3,055.00
2. Total independent expenditures under $100 made this period.  (Not itemized.) $125.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) $3,280.00

5. Filing Officers  Enter the name and address of each filing officer with whom the flier's most recent campaign statements (Form 490, 460 or 461) have been filed.

1) NAME OF FILING OFFICER
Shelley Levine
ADDRESS (NO. AND STREET)
13038 Landsle Street
CITY
Studio City
STATE
CA
ZIP CODE 91604

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)

CITY

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

Executed on January 23, 2014
DATE

By
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on DATE

Executed on DATE

Executed on DATE

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPonsOR

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

FPPC Form 468 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)