Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - Ballot Measure Committee
     - Primarily Formed
     - Controlled
     - Sponsored
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Quarterly Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)
   - Special Odd-Year Report
   - Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER: 1371769
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Matt Biskin for West Hollywood
   Mailing Address: West Hollywood, CA 90069
   Street Address: 111 N. Robertson Blvd
   City: West Hollywood
   State: CA
   Zip Code: 90069
   Area Code/Phone: 323

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 1/31/15
   Executed on 1/31/16

   By Signature of Treasurer or Assistant Treasurer:

   By Signature of Controlling Officeholder, Candidate, State Measure Proponent:

   By Signature of Controlling Officeholder, Candidate, State Measure Proponent:

FPPC Form 460 (June 06)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Matt Relston</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>West Hollywood City Council</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>1400 N. Maywood Ave #19</td>
</tr>
<tr>
<td>CITY</td>
<td>West Hollywood</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>90046</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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<th>SUPPORT</th>
<th>OPPOSE</th>
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<th>OPPOSE</th>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

**Attach continuation sheets if necessary**
## Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $265
2. Loans Received ....................................................... Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS .............................. Add Lines 1 + 2 $495
4. Nonmonetary Contributions ....................................... Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4

## Expenditures Made

6. Payments Made ...................................................... Schedule E, Line 4 $85.22
7. Loans Made .......................................................... Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3
10. Nonmonetary Adjustment ......................................... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 $85.22

## Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $4145.20
13. Cash Receipts ........................................................ Column A, Line 3 above
14. Miscellaneous Increases to Cash ............................ Schedule I, Line 4
15. Cash Payments ...................................................... Column A, Line 8 above
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $40100

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ........................ Schedule B, Part 2

18. Cash Equivalents .................................................. See instructions on reverse

19. Outstanding Debts ................................................ Add Line 2 + Line 9 in Column B above

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

- Contributions Received $265 $495
- Expenditures Made $85.22 $40100

## 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 A

### Monetary Contributions Received

See instructions on reverse.

**NAME OF FILER**

**I.D. NUMBER**

**Statement covers period**

| Date Received | Full Name, Street Address and Zip Code of Contributor | Contributor Code * | If an Individual Enter Occupation and Employer (If Self-Employed, Enter Name of Business) | Amount Received This Period | Cumulative to Date
<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15/14</td>
<td>William McConnell 3491 E. Reno Ave Las Vegas NV 89120</td>
<td>☑ IND</td>
<td>Teacher CESE</td>
<td>20.00</td>
<td>20.00</td>
</tr>
<tr>
<td>12/30/14</td>
<td>Gregory Stanovick 1000 S. Palm Ave #8 West Hollywood CA 90069</td>
<td>☑ IND</td>
<td>Yoga Teacher Self</td>
<td>25.00</td>
<td>25.00</td>
</tr>
<tr>
<td>11/4/14</td>
<td>Inc Realson Box 4413 Honolulu HI 96727</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>11/7/14</td>
<td>Kate Knutsen Box 30665 Honolulu HI 96839</td>
<td>☑ IND</td>
<td>Membership Coordinator TCC</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>11/15/14</td>
<td>Linda Kwan 6625 W. Arby Ave #115 Las Vegas NV 89110</td>
<td>☑ IND</td>
<td>Self</td>
<td>20.00</td>
<td>20.00</td>
</tr>
</tbody>
</table>

**Subtotal**

**Schedule A Summary**

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) $2,650.00
2. Amount received this period – unitemized contributions of less than $100. $265.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) $2,915.00

**TOTAL**

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*Contributor Codes*

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

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiverr Website</td>
<td>LIT</td>
<td>Design</td>
<td>4725</td>
</tr>
<tr>
<td>Phil Website</td>
<td>LIT</td>
<td>Print</td>
<td>1526</td>
</tr>
<tr>
<td>CVS 8471 Santa Monica Blvd West Hollywood</td>
<td>OFC</td>
<td>Office Supplies</td>
<td>1110</td>
</tr>
<tr>
<td>Target 7120 Santa Monica Blvd West Hollywood</td>
<td>OFC</td>
<td>Office Supplies</td>
<td>1761</td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*