# 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.

<table>
<thead>
<tr>
<th>Report covers period from</th>
<th>01/01/2015</th>
<th>through</th>
<th>02/14/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Stamped:</td>
<td>RECEIVED</td>
<td>RECEIVED</td>
<td>CITY OF WEST HOLLYWOOD</td>
</tr>
<tr>
<td>Date Stamped:</td>
<td>5 FEB 20 AM 2:19</td>
<td>RECEIVED</td>
<td>03/03/2014</td>
</tr>
</tbody>
</table>

For Official Use Only

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## 1. Committee/Filer Information

**I.D. NUMBER (If recipient committee)**
1374259

**COMMITEE/FILER'S NAME**
Friends of West Hollywood, A Committee to Elect John D'Amico, John Hailman, Lindsey Horvath & Joseph Guardarrama to the West Hollywood City Council 2015

**STREET ADDRESS (NO PO. BOX)**
8149 Santa Monica Blvd., #396

**CITY**
West Hollywood

**STATE**
CA

**ZIP CODE**
90046

**AREA CODE/PHONE**
(310) 652-1010

**OPTIONAL: FAX/E-MAIL ADDRESS**

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

**NAME OF CANDIDATE**
Lindsey Horvath

**NAME OF BALLOT MEASURE**

**OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE**
City Council Member: City of West Hollywood

**BALLOT NO/LETTER**

**JURISDICTION**

**CHECK ONE**

- SUPPORT X
- OPPOSE

---

## 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>02/11/2015</td>
<td>Political Data, Inc. 12501 Imperial Hwy., #200 Norwalk, CA 90650</td>
<td>Vote: Files</td>
<td>238.61</td>
<td>20,998.27</td>
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<tr>
<td>02/11/2015</td>
<td>Ryan Press 6400 Dale St. Buena Park, CA 90621</td>
<td>Mailer</td>
<td>6,092.68</td>
<td>20,998.27</td>
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<td>Ryan Press 6400 Dale St. Buena Park, CA 90621</td>
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<td>1,670.32</td>
<td>20,998.27</td>
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</tbody>
</table>

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FPPC Form 465 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### IV Independent Expenditures Made

<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>
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<td>George Urich</td>
<td>Consulting</td>
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<tr>
<td>02/13/2015</td>
<td>Method Campaign Services</td>
<td>canvassing</td>
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<td>02/09/2015</td>
<td>Ryan Press</td>
<td>Mailer</td>
<td>8,566.27</td>
<td>20,998.27</td>
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</tbody>
</table>
Supplemental Independent Expenditure Report

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

Report covers period from 01/01/2015 through 02/14/2015

NAME OF FILER
Friends of West Hollywood, A Committee to Elect John D’Amico, John Heilman, Lindsey Horvath & Joseph Guardarrama to the West Hollywood City Council 2015

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) $ 20,998.27

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 $ 20,998.27

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 West Hollywood
STATE CA ZIP CODE 90069

2) NAME OF FILING OFFICER

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 benefited 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.

Executed on 02/19/2015
DATE

By ____________________________
SIGNATURE OF TREASURER, TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on ________________________
DATE

Executed on ________________________
DATE

Executed on ________________________
DATE

FPPC Toll-Free Hotline: 800-959-FPPC (3772)