

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.

ORIGINAL

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2015</u> through <u>02/14/2015</u>	RECEIVED CITY OF WEST HOLLYWOOD 15 FEB 26 PM 4:21 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 465
Date of election if applicable (Month, Day, Year)		Page <u>1</u> of <u>2</u> For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1248664

COMMITTEE/FILER'S NAME
West Hollywood Chamber of Commerce WEHO PAC (AKA WEHO PAC)

STREET ADDRESS (NO P.O. BOX)

8272 Santa Monica Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90046</u>	<u>(323) 650-2688</u>

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Keith Kaplan

MAILING ADDRESS

8424-A Santa Monica Blvd., #860

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90046</u>	<u>(323) 651-1400</u>

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>John Heilman</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member: City of West Hollywood</u>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>

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)
02/13/2015	The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	Mailer for 02/13/15	652.18	1,907.63
02/13/2015	Voter Newsletter 15021 Ventura Blvd., #530 Sherman Oaks, CA 91403	Slate Mailer for 02/13/15	500.00	1,907.63
02/13/2015	Star Mailing Service, Inc. 3050 Rossllyn St. Los Angeles, CA 90065	Mailer for 02/13/15	755.45	1,907.63

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2015	
through		Page 2 of 2
		I.D. NUMBER (If recipient com.) 1248664

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
West Hollywood Chamber of Commerce WEHO PAC (AKA WEHO PAC)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1,907.63
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 \$	1,907.63

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
Secretary of State
ADDRESS (NO. AND STREET)
1500 11th Street, Room 495
CITY STATE ZIP CODE
Sacramento CA 95814

3) NAME OF FILING OFFICER
Los Angeles Registrar of Voters
ADDRESS (NO. AND STREET)
12400 Imperial Highway
CITY STATE ZIP CODE
Norwalk CA 90650

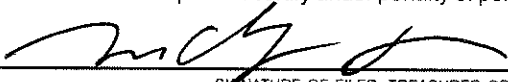
2) NAME OF FILING OFFICER
San Francisco Department of Elections
ADDRESS (NO. AND STREET)
1 Dr. Carlton Goodlett Place, #14
CITY STATE ZIP CODE
San Francisco CA 94102

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 02/25/2015
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By 
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