Supplemental Independent Expenditure Report
(Government Code Section 84203.5)
SEE INSTRUCTIONS ON REVERSE

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
West Hollywood CA 90066 (323) 650-2668

Treasurer (If recipient committee)

NAME OF TREASURER
Keith Kaplan

MAILING ADDRESS
8424-A Santa Monica Blvd., #860

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90066 (323) 651-1400

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE
Lindsay Horvath

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

BALLOT NO./LETTER JURISDICTION

SUPPORT OPPOSE

3. Independent Expenditures Made

DATE NAME AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITURE AMOUNT CUMULATIVE TO DATE

02/13/2015 The House of Printing, Inc. Mailing list for 02/13/15 $521.18 $1,907.63

02/13/2015 Voger Newsletter Slate Mailing 02/13/15 $500.00 $1,907.63

02/13/2015 Star Mailing Service, Inc. Mailing list for 02/13/15 $755.45 $1,907.63

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

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

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

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

4) NAME OF FILING OFFICER

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 13225.7. 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

By
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on
DATE

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

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

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