### 1. Committee/Filer Information

**Committee/Filer's Name:**
Welsh United for John Heilman for City Council 2015

**Street Address (No P.O. Box):**
8899 Beverly Blvd.
West Hollywood, CA 90048

**Optional: Fax/Email Address:**

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

**Name of Candidate:**
John Heilman

**Name of Ballot Measure:**

**Office Sought or Held and District, If Applicable:**
City Council Member: City of West Hollywood

**Support/Oppose:**
Oppose

### 3. 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>04/09/2015</td>
<td>Political Data, Inc. 12501 Imperial Hwy., 8000 Norwalk, CA 90650</td>
<td>Voter Lists</td>
<td>1,450.00</td>
</tr>
<tr>
<td>04/15/2015</td>
<td>RCM Strategies 362 W. San Vicente Blvd., #C West Hollywood, CA 90048</td>
<td>Consulting</td>
<td>3,750.00</td>
</tr>
<tr>
<td>04/15/2015</td>
<td>Norman Chramoff 8304 Colson Way Los Angeles, CA 90028</td>
<td>Consulting</td>
<td>2,500.00</td>
</tr>
</tbody>
</table>

**Cumulative to Date Calendar Year (Jan 1 - Dec 31):**
8,470.80

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**FPPC Form 465 (June/09)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Supplemental Independent Expenditure Report

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

SEE INSTRUCTIONS ON REVERSE.

For use by an officeholder, candidate, or committee making independent expenditures totaling $1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

### 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</th>
</tr>
</thead>
</table>
| 04/13/2015 | Namesab Insurance Services, Inc.  
625 S. Fairfax Ave.  
Los Angeles, CA 90036 | Insurance                  | 770.80       | $6,470.80          |
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WuHo United for John Heilman for City Council 2015

4. Summary
1. Total independent expenditures of $100 or more made this period. (Part 3) ................................................................. $ 8,470.80
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 $ 8,470.80

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
West Hollywood City Clerk
ADDRESS (NO. AND STREET)
8100 Santa Monica Blvd.
CITY West Hollywood
STATE CA
ZIP CODE 90069

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

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

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

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 18217. I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/21/2015
DATE

 By ________________________________
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on __________________________
DATE

 By ________________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on __________________________
DATE

 By ________________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on __________________________
DATE

 By ________________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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