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
      (Also Complete Part 3)
   ☐ General Purpose Committee
      ☐ Sponsored
      ☐ Small Contributor Committee
      ☐ Political Party/Central Committee
   ☐ Primarily Formed Candidate/Officeholder Committee
      (Also Complete Part 3)

2. Type of Statement:
   ☑ Preliminary Statement
   ☐ Semi-annual Statement
   ☐ Special Odd-Year Report
   ☐ Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Block for West Hollywood City Council 2015

   STREET ADDRESS (NO P.O. BOX)
   8581 Santa Monica Blvd., Suite #210

   CITY STATE ZIP CODE AREA CODE/PHONE
   West Hollywood CA 90069 310-360-9999

   Mailing Address (if different) No. and street or p.o. box

   CITY STATE ZIP CODE AREA CODE/PHONE

   Optional: Fax / E-mail Address
   ben.block4weho@gmail.com

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 4/21/15
   By Ben McCormick
   Treasurer

   Executed on ____________ Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on ____________ Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on ____________ Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 888/ASK-FPPC
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Larry Block

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
West Hollywood City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY  STATE  ZIP
737 Huntley Dr., West Hollywood, CA 90069

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>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? (YES/NO)</td>
</tr>
</tbody>
</table>

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | OPPOSE |

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY

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>

<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>

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

<table>
<thead>
<tr>
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<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
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</table>

<table>
<thead>
<tr>
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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  $ 3197.76  $ 3197.76
2. Loans Received ........................................... Schedule B, Line 3  $ 10,000.00  $ 10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2  $ 13,197.76  $ 13,197.76
4. Nonmonetary Contributions ............................. Schedule C, Line 3  $ 0.00  $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ................ Add Lines 3 + 4  $ 13,197.76  $ 13,197.76

**Expenditures Made**

6. Payments Made ......................................... Schedule E, Line 4  $ 4,226.51  $ 4,226.51
7. Loans Made .............................................. Schedule H, Line 3  $ 0.00  $ 0.00
8. SUBTOTAL CASH PAYMENTS .......................... Add Lines 5 + 7  $ 4,226.51  $ 4,226.51
9. Accrued Expenses (Unpaid Bills) .................. Schedule F, Line 3  $ 0.00  $ 0.00
10. Nonmonetary Adjustment ............................... Schedule C, Line 3  $ 0.00  $ 0.00
11. TOTAL EXPENDITURES MADE .......................... Add Lines 8 + 9 + 10  $ 4,226.51  $ 4,226.51

**Current Cash Statement**

12. Beginning Cash Balance ................................ Previous Summary Page, Line 16  $ 13,197.76
13. Cash Receipts ........................................... Column A, Line 3 above  $ 0.00
14. Miscellaneous Increases to Cash .................. Column I, Line 4  $ 4,226.51
15. Cash Payments .......................................... Column A, Line 8 above  $ 8,971.25
16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14 then subtract Line 15  $ 0.00

**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.

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ...................................... See instructions on reverse  $ 10,000.00
19. Outstanding Debts ................................. Add Line 2 + Line 9 in Column B above  $ 10,000.00

---

**Campaign Disclosure Statement Summary Page**

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

Statement covers period
from 1/1/2015 through 4/18/2015

California Form 460

Page 3 of 8

Block for West Hollywood City Council 2015

I.D. NUMBER 1376328
Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/17/2015</td>
<td>Larry Block 737 Huntley Dr. West Hollywood, CA 90069</td>
<td>X IND</td>
<td>Owner WeHo Block Party</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>4/14/2015</td>
<td>WHBT Inc. 8857 Santa Monica Blvd. West Hollywood, CA 90069</td>
<td></td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>4/18/2015</td>
<td>Laurie Block 6357 Avenida Cresta La Jolla, CA 92037</td>
<td></td>
<td>self-employed nutritionist</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>4/18/2015</td>
<td>Brian Wargotz 6357 Avenida Cresta La Jolla, CA 92037</td>
<td></td>
<td>student</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>4/18/2015</td>
<td>Jim Hieronymus 866 N. Westmount, #161 West Hollywood, CA 90069</td>
<td></td>
<td>Sales Blanks2Go</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
</tbody>
</table>

| SUBTOTAL $   | 2,100.00                                           |                  |                                                                                                 |                             |                                               |                                  |

Schedule A Summary
1. Amount received this period — contributions of $100 or more. (Include all Schedule A subtotals.) $ 3,200.00
2. Amount received this period — unitemized contributions of less than $100 $ 5.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 3,205.00

*Contributor Codes
IND — Individual
COM — Recipient Committee
OTH — Other
PTY — Political Party
SCC — Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

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

### Statement covers period
- **from:** 1/1/2015
- **through:** 4/18/2015

**NAME OF FILER**
Block for West Hollywood City Council 2015

**T.D. NUMBER**
1376328

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE +</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/18/2015</td>
<td>Munchkin Publishing LLC 8306 Wilshire Blvd., Suite 362 Beverly Hills, CA 90211</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>4/18/2015</td>
<td>Christopher Garcia 1119 Poinsettia Dr., #4 West Hollywood, CA 90046</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>self-employed</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>4/18/2015</td>
<td>Laura Gallinson 208 Gibson Pt. Solana Beach, CA 92075</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>Philanthropist</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 1,100.00**

---

*Contributor Codes*
- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other
- PTY – Political Party
- SCC – Small Contributor Committee
**Schedule B – Part 1**

**Loans Received**

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

<table>
<thead>
<tr>
<th>Block for West Hollywood City Council 2015</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Block 737 Huntley Dr. West Hollywood, CA 90069</td>
<td>Owner WeHo Block Party</td>
<td>$ 0.00</td>
<td>$ 5,000.00</td>
<td>$ 0.00</td>
<td>12/31/2015</td>
<td>DATE DUE</td>
<td>0.00%</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Larry Block 737 Huntley Dr. West Hollywood, CA 90069</td>
<td>Owner WeHo Block Party</td>
<td>$ 5,000.00</td>
<td>$ 5,000.00</td>
<td>$ 0.00</td>
<td>12/31/2015</td>
<td>DATE DUE</td>
<td>0.00%</td>
<td>5,000.00</td>
</tr>
</tbody>
</table>

---

**Schedule B Summary**

1. Loans received this period.................................................. $ 10,000.00
   (Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period........................................ $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)............. NET $ 10,000.00
   (May be a negative number)

---

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
Schedule E Payments Made

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

Statement covers period
from 1/1/2015
through 4/18/2015

NAME OF FILER
Block for West Hollywood City Council 2015
I.D. NUMBER
1376328

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>ND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBIR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RDF</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

<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>Ben McCormick</td>
<td>CNS</td>
<td>1st consultant fee</td>
<td>1,250.00</td>
</tr>
<tr>
<td>840 Larabee St., #1-321</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Hollywood, CA 90069</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VictoryStore.com</td>
<td>CMP</td>
<td>lawn signs</td>
<td>1,530.50</td>
</tr>
<tr>
<td>5200 SW 30th St.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davenport, IA 52802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DemoTrac</td>
<td>CNS</td>
<td>April retainer</td>
<td>500.00</td>
</tr>
<tr>
<td>1161 Ogden Dr., #109</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Hollywood, CA 90046</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 3,280.50

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) .................. $ 4,200.50
2. Unitemized payments made this period of under $100 .................................................. $ 26.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). .................................................. $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................. TOTAL $ 4,226.50

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule E (Continuation Sheet)
### Payments Made

**NAME OF FILER**
Block for West Hollywood City Council 2015

**I.D. NUMBER**
1376328

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP**: campaign paraphernalia/misc.
- **CNS**: campaign consultants
- **CTB**: contribution (explain nonmonetary)*
- **CVC**: civic donations
- **FL**: candidate filing/ballot fees
- **FND**: fundraising events
- **ND**: independent expenditure supporting/opposing others (explain)*
- **LEG**: legal defense
- **LIT**: campaign literature and mailings
- **MBR**: member communications
- **MTG**: meetings and appearances
- **OFK**: office expenses
- **PET**: petition circulating
- **PHO**: phone banks
- **POL**: polling and survey research
- **POS**: postage, delivery and messenger services
- **PRO**: professional services (legal, accounting)
- **PRT**: print ads
- **RAD**: radio airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers' salaries
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- **VOT**: voter registration
- **WEB**: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYPXpress</td>
<td>CMP</td>
<td>door hangers</td>
<td>420.00</td>
</tr>
<tr>
<td>1104 W. Magnolia Blvd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burbank, CA 91506</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brian Wargottz</td>
<td>RFD</td>
<td>returned contribution</td>
<td>500.00</td>
</tr>
<tr>
<td>6357 Avenida Cresta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Jolla, CA 92037</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**
920.00

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

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**Statement covers period**

- **from**: 1/1/2015
- **through**: 4/18/2015

**CALIFORNIA FORM 460**

Page 8 of 8