

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period
from 02/15/2015
through 05/16/2015
Date of election if applicable:
(Month, Day, Year)

RECEIVED
CITY OF WEST HOLLYWOOD
15 MAY 22 PM 12:34
OFFICE OF THE CITY CLERK

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

Page 1 of 4

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
West Hollywood	CA	90046	(323) 650-2688

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
West Hollywood	CA	90046	(323) 651-1400

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
Joe Guardarrama	City Council Member: City of West Hollywood	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

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)
02/18/2015	Star Mailing Service, Inc. 3050 Rosslyn St. Los Angeles, CA 90065	Mailer for 02/18/15	755.45	7,055.24
02/18/2015	The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	Mailer for 02/18/15	652.18	7,055.24
02/19/2015	Off World Entertainment 100 S. Doheny Dr. #224 Los Angeles, CA 90048	Polling and targeting information	666.66	7,055.24

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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.

Report covers period	Date Stamp	CALIFORNIA FORM 465
from <u>02/15/2015</u>		
through <u>05/16/2015</u>		
Date of election if applicable: (Month, Day, Year)		Page <u>2</u> of <u>4</u>
		For Official Use Only

IV 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)
02/19/2015	Political Data, Inc. PO Box 59570 Norwalk, CA 90652	Targeting information	165.35	7,055.24
02/19/2015	Voter Newsletter 15021 Ventura Blvd., #530 Sherman Oaks, CA 91403	Slate Mailer for 02/19/15	500.00	7,055.24
02/19/2015	The Afriat Consulting Group 4107 Magnolia Boulevard Burbank, CA 91505-	Consulting	333.33	7,055.24
02/23/2015	Star Mailing Service, Inc. 3050 Rossllyn St. Los Angeles, CA 90065	Mailer	755.45	7,055.24
02/23/2015	The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	Mailer	652.18	7,055.24
02/27/2015	Angelo Pizzo Graphics 27111 Island View Ct. Valencia, CA 91355	Graphic design	600.00	7,055.24

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Report covers period		CALIFORNIA FORM 465
from	02/15/2015	
through	05/16/2015	Page <u>4</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER (if recipient com.)
West Hollywood Chamber of Commerce WEHO PAC (AKA WEHO PAC)		1248664

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	5,147.60
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	\$ 5,147.60

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

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 05/21/2015

DATE

Executed on _____

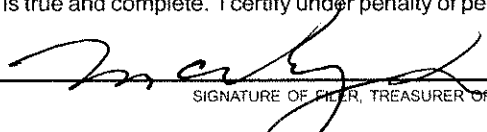
DATE

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