

ORIGINAL

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.

Amendment (Explain Below)

RECEIVED SUPPLEMENTAL INDEPENDENT EXPENDITURE

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

CHECK ONE

Table with columns: NAME OF CANDIDATE, OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE, SUPPORT, OPPOSE. Includes candidate Lindsay Horvath and City Council Member.

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

Table with columns: DATE, NAME AND ADDRESS OF PAYEE, DESCRIPTION OF EXPENDITURE, AMOUNT, CUMULATIVE TO DATE CALENDAR YEAR. Lists expenditures for Star Mailing Service, The House of Printing, and Off World Entertainment.

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

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

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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.

## 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	7,054.25
02/19/2015	Voter Newsletter 15021 Ventura Blvd., #530 Sherman Oaks, CA 91403	Slate Mailer for 02/19/15	500.00	7,054.25
02/19/2015	The Afriat Consulting Group 4107 Magnolia Boulevard Burbank, CA 91505-	Consulting	333.33	7,054.25
02/23/2015	Star Mailing Service, Inc. 3050 Rosslyn St. Los Angeles, CA 90065	Mailer	755.45	7,054.25
02/23/2015	The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	Mailer	652.19	7,054.25
02/27/2015	Angelo Pizzo Graphics 27111 Island View Ct. Valencia, CA 91355	Graphic design	600.00	7,054.25



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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
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.)	\$	5,146.62
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	<b>5,146.62</b>

## 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.*

<p>1) NAME OF FILING OFFICER</p> <p>Secretary of State</p> <p>ADDRESS (NO. AND STREET)</p> <p>1500 11th Street, Room 495</p> <p>CITY STATE ZIP CODE</p> <p>Sacramento CA 95814</p>	<p>3) NAME OF FILING OFFICER</p> <p>Los Angeles Registrar of Voters</p> <p>ADDRESS (NO. AND STREET)</p> <p>12400 Imperial Highway</p> <p>CITY STATE ZIP CODE</p> <p>Norwalk CA 90650</p>
<p>2) NAME OF FILING OFFICER</p> <p>San Francisco Department of Elections</p> <p>ADDRESS (NO. AND STREET)</p> <p>1 Dr. Carlton Goodlett Place, #14</p> <p>CITY STATE ZIP CODE</p> <p>San Francisco CA 94102</p>	<p>4) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>

## 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