

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #051615HS
SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period
from 01/01/2015
through 05/16/2015

Date of election if applicable:
(Month, Day, Year)
06/02/2015

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
15 MAY 29 PM 4:12
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

1236502

COMMITTEE/FILER'S NAME

West Hollywood Properties, LLC

STREET ADDRESS (NO P.O. BOX)

8820 Sunset Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(310) 657-8883

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
Heidi Shink	City Council Member: City of West Hollywood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)
05/13/2015	EDH Associates 13636 Ventura Boulevard, #388 Sherman Oaks, CA 91423	Mailer costs including consulting, design, printing, postage and data	6,024.20	12,048.40
05/13/2015	Bullseye Marketing 19425 Londelius Street Northridge, CA 91324	Postage	1,185.64 MEMO Subpayment made through: EDH Associates	
05/13/2015	Cornerstone Printing 423 Washington Street, 6th Floor San Francisco, CA 94111	Printing	1,604.59 MEMO Subpayment made through: EDH Associates	

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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 from <u>01/01/2015</u> through <u>05/16/2015</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>06/02/2015</u>		
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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)
05/13/2015	Paragon Graphix 1121 Ethel Street Glendale, CA 91207	Design	400.00 MEMO Subpayment made through: EDH Associates	
05/13/2015	Political Data, Inc. 12501 Imperial Highway, Suite 200 Norwalk, CA 90650	Data	170.00 MEMO Subpayment made through: EDH Associates	
05/15/2015	EDH Associates 13636 Ventura Boulevard, #388 Sherman Oaks, CA 91423	Mailer costs including consulting, design, printing, postage and data	6,024.20	12,048.40
05/15/2015	Bullseye Marketing 19425 Londelius Street Northridge, CA 91324	Postage	1,185.64 MEMO Subpayment made through: EDH Associates	
05/15/2015	Cornerstone Printing 423 Washington Street, 6th Floor San Francisco, CA 94111	Printing	1,604.59 MEMO Subpayment made through: EDH Associates	
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Report covers period		CALIFORNIA FORM 465
from <u>01/01/2015</u>	through <u>05/16/2015</u>	
Page <u>4</u> of <u>4</u>		I.D. NUMBER (if recipient com.) 1236502

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NAME OF FILER
West Hollywood Properties, LLC

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>12,048.40</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	<u>12,048.40</u>

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
California Secretary of State, Political Reform Division
ADDRESS (NO. AND STREET)
1500 11th Street, #495
CITY STATE ZIP CODE
Sacramento CA 95814

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

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 05/29/2015
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
By [Signature]
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