Supplemental Independent Expenditure Report
(Government Code Section 94203.5)
SEE INSTRUCTIONS ON REVERSE

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
West Hollywood

STATE
CA

ZIP CODE
90069

AREA CODE/PHONE
(310) 657-9883

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

NAME OF CANDIDATE
Joe Guardarrama

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
City Council Member: City of West Hollywood

BALLOT NO./LETTER

JURISDICTION

CHECK ONE
SUPPORT
OPPOSE
X

3. Independent Expenditures Made

DATE
02/23/2015
02/23/2015
02/23/2015

NAME AND ADDRESS OF PAYEE
EDH Associates
13636 Ventura Boulevard, #308
Sherman Oaks, CA 91423

Paragon Graphix
1121 Shubel Street
Glendale, CA 91207

Bullseye Marketing
19425 Londelius Street
Northridge, CA 91324

DESCRIPTION OF EXPENDITURE
Consulting, design, printing, postage and data
Design (subpayment, see EDH Associates payment for Joe Guardarrama)
Postage (subpayment, see EDH Associates payment for Joe Guardarrama)

AMOUNT
4,824.40
500.00
977.98

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
4,824.40

FPPC Form 465 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 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>
</tr>
</thead>
<tbody>
<tr>
<td>02/23/2015</td>
<td>Cornerstone Printing</td>
<td>Printing (subpayment, see EDH Associates payment for Joe Guardarrama)</td>
<td>1,538.17</td>
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<tr>
<td></td>
<td>423 Washington Street, 6th Floor, San Francisco, CA 94111</td>
<td></td>
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<td>MEMO Subpayment made through: EDH Associates</td>
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<tr>
<td>02/23/2015</td>
<td>Political Data, Inc.</td>
<td>Data (subpayment, see EDH Associates payment for Joe Guardarrama)</td>
<td>291.20</td>
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<tr>
<td></td>
<td>12501 Imperial Highway, Suite 200, Norwalk, CA 90650</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEMO Subpayment made through: EDH Associates</td>
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</tr>
</tbody>
</table>
4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) .......................................................... $ 4,824.40
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 $ 4,824.40

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

The Los Angeles County Registrar-Recorder/County Clerk
ADDRESS (NO. AND STREET) 12400 Imperial Highway
CITY Norwalk STATE CA ZIP CODE 90650

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET) 
CITY STATE ZIP CODE

3) 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 13225.7. 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 07/29/2015 DATE

By ____________________________
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on DATE

By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on DATE

By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

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