**Supplemental Independent Expenditure Report**

(Government Code Section 84203.5)

Report #063015LM

SEE INSTRUCTIONS ON REVERSE

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**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

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**Treasurer** (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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**2. Name of Candidate or Measure Supported or Opposed**

NAME OF CANDIDATE

Lauren Meister

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 X OPPOSE

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**3. Independent Expenditures Made**

Attach additional information on appropriately labeled continuation sheets.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/20/2015</td>
<td>EDM Associates 13636 Ventura Boulevard, #388 Sherman Oaks, CA 91423</td>
<td>Consulting, printing, design and postage</td>
<td>6,336.20</td>
<td>6,336.20</td>
</tr>
<tr>
<td>02/20/2015</td>
<td>Paragon Graphix 1121 Balch Street Glendale, CA 91207</td>
<td>Design (subpayment, see EDM Associates payment for Lauren Meister)</td>
<td>500.00</td>
<td>MEMO Subpayment made through: EDM Associates</td>
</tr>
<tr>
<td>02/20/2015</td>
<td>Bullseye Marketing 19425 Londellus Street Northridge, CA 91324</td>
<td>Postage (subpayment, see EDM Associates payment for Lauren Meister)</td>
<td>1,241.69</td>
<td>MEMO Subpayment made through: EDM Associates</td>
</tr>
</tbody>
</table>

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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>02/20/2015</td>
<td>Cornerstone Printing</td>
<td>Printing (subpayment; see EDH Associates payment for Lauren Meister)</td>
<td>1,538.17</td>
</tr>
</tbody>
</table>

MEMO: Subpayment made through: EDH Associates
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

West Hollywood Properties, LLC

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) $6,336.20
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 $6,336.20

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 8225.7. 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

By __________________________
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By __________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOINENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on

DATE

By __________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOINENT

Executed on

DATE