### Committee/Filer Information

**I.D. NUMBER (If recipient committee)**

1234567

**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)657-8883

**OPTIONAL: FAX / E-MAIL ADDRESS**

---

### Name of Candidate or Measure Supported or Opposed

**NAME OF CANDIDATE**

Heidi Shink

**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

---

### 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>05/19/2015</td>
<td>EDH Associates 11636 Ventura Boulevard, #388 Sherman Oaks, CA 91423</td>
<td>Mailing costs including consulting, design, printing, postage and data</td>
<td>6,533.80</td>
<td>31,557.40</td>
</tr>
<tr>
<td>05/19/2015</td>
<td>BullsEye Marketing 19425 Loneliness Street Northridge, CA 91324</td>
<td>Postage (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>1,274.69</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>MEMO</strong> Subpayment made through: EDH Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/19/2015</td>
<td>Cornerstone Printing 423 Washington Street, 6th Floor San Francisco, CA 94111</td>
<td>Printing (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>1,604.69</td>
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</tr>
<tr>
<td></td>
<td></td>
<td><strong>MEMO</strong> Subpayment made through: EDH Associates</td>
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</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>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/19/2015</td>
<td>Paragon Graphix, 1121 Ethel Street, Glendale, CA 91207</td>
<td>Design (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>400.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subpayment made through: EDH Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/20/2015</td>
<td>EDH Associates, 13636 Ventura Boulevard, #368, Sherman Oaks, CA 91423</td>
<td>Mailing costs including consulting, design, printing, postage and data</td>
<td>6,487.60</td>
<td>31,557.40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subpayment made through: EDH Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/20/2015</td>
<td>Bullseye Marketing, 19425 Londellius Street, Northridge, CA 91324</td>
<td>Postage (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>1,185.64</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subpayment made through: EDH Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/20/2015</td>
<td>Cornerstone Printing, 423 Washington Street, 6th Floor, San Francisco, CA 94111</td>
<td>Printing (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>2,510.38</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subpayment made through: EDH Associates</td>
<td></td>
<td></td>
</tr>
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<td>05/22/2015</td>
<td>EDH Associates, 13636 Ventura Boulevard, #368, Sherman Oaks, CA 91423</td>
<td>Mailing costs including consulting, design, printing, postage and data</td>
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<td>31,557.40</td>
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<td></td>
<td>Subpayment made through: EDH Associates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Supplemental Independent Expenditure Report

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

**Supplemental Independent Expenditure Report**

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
<th>MEMO</th>
<th>CUMULATIVE TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/22/2015</td>
<td>Bullseye Marketing, 19428 Londellius Street, Northridge, CA 91324</td>
<td>Postage (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>1,185.64</td>
<td>Subpayment made through: EDH Associates</td>
<td>California 465</td>
</tr>
<tr>
<td>05/22/2015</td>
<td>Cornerstone Printing, 423 Washington Street, 6th Floor, San Francisco, CA 94111</td>
<td>Printing (subpayment, see EDH Associates payment: for Heidi Shink)</td>
<td>2,510.38</td>
<td>Subpayment made through: EDH Associates</td>
<td>California 465</td>
</tr>
<tr>
<td>05/22/2015</td>
<td>Paragon Graphix, 1121 Ethel Street, Glendale, CA 91207</td>
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<td>400.00</td>
<td>Subpayment made through: EDH Associates</td>
<td>California 465</td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

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

Name of Filer: West Hollywood Properties, LLC

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) $ 19,509.00
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 $ 19,509.00

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

3) NAME OF FILING OFFICER

4) NAME OF FILING OFFICER

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 07/29/2015
DATE

By ____________________________
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on ______________________
DATE

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

Executed on ______________________
DATE

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

Executed on ______________________
DATE

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

FPPC Form 465 (June/09)
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