Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period
from ________________
through ________________

Date of election if applicable
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
     - (Also Complete Part 5)
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [X] Primarily Formed Ballot Measure Committee
     - (Also Complete Part 6)
   - [ ] Controlled
   - [ ] Sponsored
     - (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
   - [X] Primarily Formed Candidate/Officeholder Committee
     - (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preliminary Statement
   - [ ] Semi-annual Statement
   - [X] Termination Statement
     - (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1374255

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Friends of West Hollywood, A Committee to Elect John Hallman to the West Hollywood City Council 2015

   STREET ADDRESS (NO PO. BOX)
   8149 Santa Monica Blvd., #396

   CITY
   West Hollywood
   STATE
   CA
   ZIP CODE
   90046
   AREA CODE/PHONE
   (626) 983-0615

   MAILING ADDRESS (IF DIFFERENT), NO. AND STREET OR PO. BOX
   525 E. Seaside Way, #101-C

   CITY
   Long Beach
   STATE
   CA
   ZIP CODE
   90802
   AREA CODE/PHONE
   (562) 983-0615

   OPTIONAL: FAX/E-MAIL ADDRESS
   (562) 983-0817 / gary@crummittandassociates.com

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, the information contained herein and in the attached schedules 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 ________________
   Date

   Executed on ________________
   Date

   Executed on ________________
   Date

   Executed on ________________
   Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   By ____________________________
   Signature of Controlling Officialholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By ____________________________
   Signature of Controlling Officialholder, Candidate, State Measure Proponent

   By ____________________________
   Signature of Controlling Officialholder, Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov

www.netfile.com
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden City Council Member</td>
<td>SUPPORT</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
## Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$4,978.27</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$4,978.27</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$4,978.27</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td></td>
</tr>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$4,978.27</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 9 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 9 above</td>
<td>$4,978.27</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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**To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report.** Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

---

*Amounts in this section may be different from amounts reported in Column B.*
### Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) .................................................. $ 4,593.95

2. Unitized contributions and independent expenditures made this period of under $100 ................................................................. $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .................. TOTAL $ 4,593.95

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[Table showing contributions and independent expenditures for Friends of West Hollywood, A Committee to Elect John Heilman to the West Hollywood City Council 2015]
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2015
through 08/23/2015

CALIFORNIA FORM 460
I.D. NUMBER
13742259

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VCT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crummitt &amp; Associates</td>
<td>PRO</td>
<td></td>
<td>meetings and appearances</td>
<td>$159.32</td>
</tr>
<tr>
<td>525 E. Seaside Way, #101-C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crummitt &amp; Associates</td>
<td>PRO</td>
<td></td>
<td></td>
<td>$125.00</td>
</tr>
<tr>
<td>525 E. Seaside Way, #101-C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends of West Hollywood, A Committee Supporting John Curran for City Council 2017 (ID# 1354914)</td>
<td>CTB</td>
<td></td>
<td></td>
<td>$4,503.95</td>
</tr>
<tr>
<td>8140 Santa Monica Blvd., #396</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Hollywood, CA 90046</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 4,878.27

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 4,878.27
2. Unitemized payments made this period of under $100 ................................................................. $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................. $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) Total $ 4,878.27

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FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov