**Supplemental Independent Expenditure Report**

*Government Code Section 84203.5*

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)**
9401 Wilshire Blvd

**CITY**
Beverly Hills

**STATE**
CA

**ZIP CODE**
90212

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

---

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

**NAME OF CANDIDATE**
Steve Martin

**NAME OF BALLOT MEASURE**

---

**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>03/03/2011</td>
<td>Continental Colorcraft 1166 W Garvey Av Monterey Park 91754</td>
<td>Mailer Printing</td>
<td>2617.18</td>
<td>4249.88</td>
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<tr>
<td>03/03/2011</td>
<td>Paragon Graphics 1121 Ethel St Glendale 91207</td>
<td>Mailer Design</td>
<td>400.00</td>
<td>4249.88</td>
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<tr>
<td>03/03/2011</td>
<td>Political Data Inc 12501 Imperial Hwy, Suite #200 Norwalk 90650</td>
<td>Precinct Data</td>
<td>177.50</td>
<td>4249.88</td>
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---

**SUPPLEMENTAL INDEPENDENT EXPENDITURE**

**Report covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>through</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2011</td>
<td>06/30/2011</td>
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</tbody>
</table>

**Date Stamp**
11 AUG - 2 AM 10:38

**CALIFORNIA FORM**
465

**Page** 1 of 3

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**FPPC Form 465 (January/05)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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)
   9401 Wilshire Blvd
   CITY  STATE  ZIP CODE  AREA CODE/PHONE
   Beverly Hills  CA  90212
   OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed
   NAME OF CANDIDATE
   Steve Martin
   NAME OF BALLOT MEASURE
   City Council Member
   OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
   SUPPORT  OPPOSE
   City Council Member
   BALLOT NO./LETTER
   JURISDICTION
   West Hollywood

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>
</tr>
</thead>
<tbody>
<tr>
<td>03/03/2011</td>
<td>Tribune Direct 5091 4th St Irwindale 91706</td>
<td>Mailer Printing/Postage</td>
<td>1055.20</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>4249.88</td>
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</tbody>
</table>

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

   FPPC Form 465 (January/05)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
West Hollywood Properties, LLC

4. Summary
1. Total independent expenditures of $100 or more made this period. (Part 3.) .......................................................... $ 4249.88
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 $ 4249.88

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

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

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 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 08/01/2011
DATE

By Kinde Durkee
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on
DATE

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

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

FPPC Form 465 (January/05)
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