

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period from <u>01/01/2010</u> through <u>09/30/2010</u>	Date Stamp 10 OFFICE	CALIFORNIA FORM 465 Page <u>1</u> of <u>5</u> For Official Use Only CLERK
Date of election if applicable: (Month, Day, Year) <u>03/08/2011</u>		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

Sunset Strip, Inc.

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

8788 Shoreham Dr.

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA, 90069

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
Billboard Tax Initiative		City of West Hollywood	X

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
07/16/2010	Bell McAndrews & Hiltachk 1321 7th Street, Suite 205 Santa Monica, CA 90401	PRO	2,500.00	79,632.10
08/20/2010	PR Newswire 865 S. Figueroa St., Ste. 2500 Los Angeles, CA 90017	PRT	2,135.00	79,632.10
09/03/2010	Arno Political Consulting 5670 El Camino Real, Ste. A Carlsbad, CA 92008	PET	4,540.00	79,632.10

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 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.

Report covers period from <u>01/01/2010</u> through <u>09/30/2010</u> Date of election if applicable: (Month, Day, Year) <u>03/08/2011</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>4</u> For Official Use Only
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IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
09/30/2010	Gary Mobley 620 Newport Center Dr., Ste. 280 Newport Beach, CA 92660	PRO	10,000.00	79,632.10
09/30/2010	Bell McAndrews & Hiltachk 1321 7th Street, Suite 205 Santa Monica, CA 90401	PRO	27,646.10	79,632.10
07/23/2010	Domani Design Group 1321 W. Laurel Ave., Ste. 11 West Hollywood, CA 90046	WEB	750.00	79,632.10
07/23/2010	Resources Unlimited 169 Interlochen Drive Peachtree City, GA 30269	CMP	2,586.00	79,632.10
08/09/2010	Arno Political Consulting 5670 El Camino Real, Ste. A Carlsbad, CA 92008	PET	15,000.00	79,632.10
08/23/2010	Arno Political Consulting 5670 El Camino Real, Ste. A Carlsbad, CA 92008	PET	7,835.00	79,632.10

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2010	
through	09/30/2010	Page <u>4</u> of <u>4</u>
NAME OF FILER Sunset Strip, Inc.		I.D. NUMBER (if recipient com.)

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	79,632.10
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 \$	79,632.10

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
West Hollywood City Clerk

ADDRESS (NO. AND STREET)
8300 Santa Monica Blvd

CITY STATE ZIP CODE
West Hollywood, CA 90069

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 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 9/30/10
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT