

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 10/01/2010 through 12/31/2010	RECEIVED Date Stamp CITY OF WEST HOLLYWOOD 11 FEB -1 PM 3:49 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 465
Date of election if applicable (Month, Day, Year) 03/08/2011		Page 1 of 3 For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee) _____

COMMITTEE/FILER'S NAME
Sunset Strip, Inc.

STREET ADDRESS (NO P.O. BOX)
7119 W. Sunset Blvd., Suite 555

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA, 90046

OPTIONAL: FAX/E-MAIL ADDRESS _____

Treasurer (If recipient committee)

NAME OF TREASURER _____

MAILING ADDRESS _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS _____

2. Name of Candidate or Measure Supported or Opposed

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

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)
10/01/2010	PR Newswire 865 S. Figueroa St., Ste. 2500 Los Angeles, CA 90017	OFC	495.00	117,627.10
10/01/2010	Bell McAndrews & Hiltachk 1321 7th Street, Suite 205 Santa Monica, CA 90401	PRO	10,000.00	117,627.10
11/19/2010	Bell McAndrews & Hiltachk 1321 7th Street, Suite 205 Santa Monica, CA 90401	PRO	10,000.00	117,627.10

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	10/01/2010	
through	12/31/2010	Page <u>3</u> of <u>3</u>
		I.D. NUMBER (if recipient com.)

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NAME OF FILER
Sunset Strip, Inc.

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	37,995.00
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	\$ 37,995.00

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
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 1-27-11
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

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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.

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Date of election if applicable: (Month, Day, Year) <u>03/08/2011</u>	Page <u>2</u> of <u>3</u> For Official Use Only	

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)
12/31/2010	Bell McAndrews & Hiltachk 1321 7th Street, Suite 205 Santa Monica, CA 90401	PRO	12,500.00	117,627.10
11/19/2010	Case Knowlson & Jordan LLP 2029 Century Park East Suite 2500 Los Angeles, CA 90067	PRO	5,000.00	117,627.10