

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 01/01/2011
through 06/30/2011

Date of election if applicable:
(Month, Day, Year)
03/08/2011

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
11 AUG -2 AM 10:38
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 465

Page 1 of 3

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1236502

Treasurer (if recipient committee)

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

NAME OF TREASURER
Kinde Durkee

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	
		SUPPORT	OPPOSE
Steve Martin	City Council Member		X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		West Hollywood	

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

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<input type="checkbox"/> Amendment (Explain Below) 		Page <u>2</u> of <u>3</u> For Official Use Only

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2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Steve Martin	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member	SUPPORT	OPPOSE X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION West Hollywood	SUPPORT	OPPOSE

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

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/03/2011	Tribune Direct 5091 4th St Irwindale 91706	Mailer Printing/Postage	1055.20	4249.88

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I.D. NUMBER (if recipient com.) 1236502	

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.)	\$ <u>4249.88</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>4249.88</u>

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.*

<p>1) NAME OF FILING OFFICER _____</p> <p>ADDRESS _____ (NO. AND STREET)</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	<p>3) NAME OF FILING OFFICER _____</p> <p>ADDRESS _____ (NO. AND STREET)</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>
<p>2) NAME OF FILING OFFICER _____</p> <p>ADDRESS _____ (NO. AND STREET)</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	<p>4) NAME OF FILING OFFICER _____</p> <p>ADDRESS _____ (NO. AND STREET)</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>

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

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By  **Kinde Durkee**
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