

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <b>RECEIVED</b> CITY OF WEST HOLLYWOOD <b>13 FEB 21 PM 3: 35</b> OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>15</u>	For Official Use Only

Statement covers period from <u>1/20/13</u> through <u>2/16/13</u>	Date of election if applicable: (Month, Day, Year) <u>3/5/13</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>    | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1350627

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

West Hollywood Term Limits 2013, Yes on Measure C Committee

STREET ADDRESS (NO P.O. BOX)

337 Westbourne Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90048</u>	<u>310-659-3379</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Bod 69724

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90069</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Allegra Allison

MAILING ADDRESS

1034 N. Hayworth

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90046</u>	<u>323-656-2545</u>

NAME OF ASSISTANT TREASURER, IF ANY

Debbie Meister

MAILING ADDRESS

526 Westmount

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90048</u>	<u>424-777-0655</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

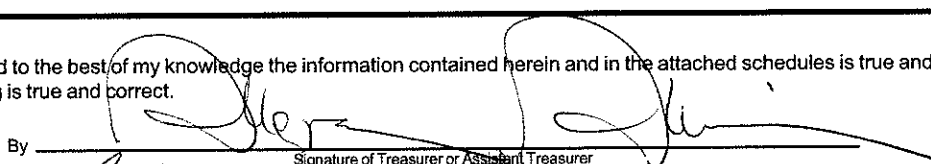
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

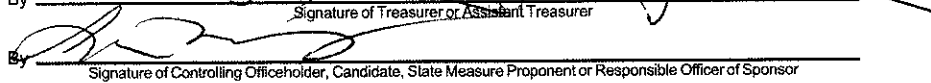
Executed on 2/21/13  
Date

Executed on 2/21/13  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By   
Signature of 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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM <b>460</b>	
Page <u>2</u> of <u>10</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE  
**West Hollywood Term Limits**

BALLOT NO. OR LETTER <b>Measure C</b>	JURISDICTION <b>West Hollywood</b>	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--	---------------------------------------	--

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.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/20/13</u>	<b>CALIFORNIA FORM 460</b>
through <u>2/16/13</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1350627</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
West Hollywood Term Limits 2013 - Yes on Measure C Committee

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>2390</u>	\$ <u>3675</u>
2. Loans Received ..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>2390</u>	\$ <u>3675</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>750</u>	<u>1350</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>3140</u>	\$ <u>5025</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>1985</u>	\$ <u>2098.95</u>
7. Loans Made ..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>(797.97)</u>	<u>305.55</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1187.03</u>	\$ <u>2404.50</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>2020.37</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>2390</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
15. Cash Payments ..... Column A, Line 8 above	<u>1985</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2425.37</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>305.55</u>

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 filed 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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/20/13</u> through <u>2/16/13</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Term Limits 2013 - Yes on Measure C Committee

I.D. NUMBER

1350627

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/13	Rod Wingfield 1046 Havenhurst Drive WH, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Recruitment Disney	\$250	\$350	\$550
2/4/13	Joel Weeks 8562 W WEST KNOLL Dr Apt 4 WH, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director TWBA Chait Daily	\$200	\$400	\$400
1/22/13	Jerry Henniger 1030 N Harper WH, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Initiative Advertizing	\$1000	\$1000	\$1000
2/9/13	Jean Mathison 8570 Holloway Dr WH, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
2/1/13	Woody McBreairty 8535 West Knoll Dr WH, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$200
<b>SUBTOTAL \$</b>				1650		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2300
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 90
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2390

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/20/13	
through	2/16/13	Page <u>5</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
West Hollywood Term Limits 2013 - Yes on Measure C Committee		1350627

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/13	Coe Holbrook 840 LARRABEE St WH, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Programmer UCLA	\$200	\$200	\$200
2/13/13	Stephanie Harker 1139 N. Vista WH, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Events Coordinator Sheinbaum Trust	\$200	\$200	\$299
2/13/13	Cathy Blaivas 1143 N Vista WH, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pers. Asst. Gerald Oppenheimer	\$100	\$100	\$200
2/16/13	Mitchell Groberson 1210 N ORANGE GROVE Ave WH, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret. Sargeant LAPD	\$100	\$100	\$100
2/16/13	Lynn Hoopingarner 940 Westbourne Dr. WH, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Profitable Solutions Inst., Inc.	\$50	\$250	\$450
<b>SUBTOTAL \$</b>				650		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1/20/13</u> through <u>2/16/13</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>10</u>
I.D. NUMBER 1350627	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Term Limits 2013 - Yes on Measure C Committee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/13	Lucas John 1030 N Crescent Heights West Hollywood, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publisher WeHoConfidential	Banner Ads	\$300	\$900	\$900
1/24/13	Log Cabin Los Angeles West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Professional Services	\$300	\$300	\$300
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					<b>SUBTOTAL \$</b>	600	

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$	600
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	150
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$</b>	750

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1/20/13</u> through <u>2/16/13</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER 1350627

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Term Limits 2013 - Yes on Measure C Committee

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RSC Partners, Inc. 8221 DeLongpre Ave #9 West Hollywood, CA 90046	CNS	Consulting plus accrued expenses	\$1905.18
Democracy Engine Washington, DC		Credit Card processing fees	\$79.82

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

**SUBTOTAL \$ 1985**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1985
2. Unitemized payments made this period of under \$100	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>1985</b>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>1/20/13</u> through <u>2/16/13</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>10</u>	I.D. NUMBER 1350627

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

West Hollywood Term Limits 2013 - Yes on Measure C Committee

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
George Skinner	LIT	200	100	300	0
Facebook, Inc Mountain View, CA	WEB	124.74	0	124.74	0
USA Printing Trade West Hollywood, CA 90046	LIT	291.03	291.58	582.61	0

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS \$</b>	615.77 \$	391.58 \$	707.35 \$	0
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**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	1228.08
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	2026.05
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	(797.97) <small>May be a negative number</small>



**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

Statement covers period from <u>1/20/13</u> through <u>2/16/13</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER West Hollywood Term Limits 2013 - Yes on Measure C Committee	
I.D. NUMBER 1350627	

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
RSC Partners, Inc 8221 DeLongpre Ave #9 West Hollywood, CA 90046	CNS	449.75	836.50	1018.50	267.75
<b>SUBTOTALS \$</b>		<b>449.75 \$</b>	<b>836.50 \$</b>	<b>1018.50 \$</b>	<b>287.75</b>

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

SCHEDULE G

Statement covers period from <u>1/20/13</u>	<b>CALIFORNIA FORM 460</b>
through <u>2/16/13</u>	
Page <u>10</u> of <u>10</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Term Limits 2013 - Yes on Measure C Committee

I.D. NUMBER

1350627

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RSC Partners, Inc.

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Signsonthecheap.com	CMP		\$407.10
NationBuilder Los Angeles, CA	WEB		\$53
RusOnline.com	PRO		35

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 498.10**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.