

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp  
**RECEIVED**  
CITY OF WEST HOLLYWOOD  
15 JAN 16 PM 3:19  
OFFICE OF THE CITY CLERK

**CALIFORNIA 460**  
2001/02  
FORM

Page 1 of 19  
For Official Use Only

Statement covers period  
from 07/01/14  
through 12/31/14

Date of election if applicable  
(Month, Day, Year)  
03/04/15

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
**1367237**

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

Mike Gerle for City Council 2015

STREET ADDRESS (NO P.O. BOX)

8424 Santa Monica Blvd., #A 728

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	323-356-6482

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mike@wehowelove.com

**Treasurer(s)**

NAME OF TREASURER

Mike Gerle

MAILING ADDRESS

8424 Santa Monica Blvd., #A 728

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	323-356-6482

NAME OF ASSISTANT TREASURER, IF ANY

Jason Rasmussen

MAILING ADDRESS

8424 Santa Monica Blvd., #A 728

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	323-356-6482

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 01/05/14  
Date

Executed on 01/05/14  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	2	of 18

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Mike Gerle

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member: West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
8424 Santa Monica Blvd., #A 728 West Hollywood CA 90069

**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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input 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 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>07/01/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>18</u>
	I.D. NUMBER 1367237

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Gerle for City Council 2015

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ 13,365.00	\$ 15,965.00
2. Loans Received ..... <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ 13,365.00	\$ 15,965.00
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ 13,365.00	\$ 15,965.00

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ 9,976.53	\$ 10,220.53
7. Loans Made ..... <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ 9,976.53	\$ 10,220.53
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	247.70	247.70
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ 10,224.23	\$ 10,468.23

**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 ..... <i>Previous Summary Page, Line 16</i>	\$ 2,356.55
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	13,365.00
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	0.00
15. Cash Payments ..... <i>Column A, Line 8 above</i>	9,976.53
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 5,745.02

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

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).

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ 0.00
--	---------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 247.70

\*Since January 1, 2001. 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>07/01/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>Mike Gerle for City Council 2015</b>		I.D. NUMBER <b>1367237</b>

SEE INSTRUCTIONS ON REVERSE

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)
07/13/14	"Alan S. Bloom 448 N. Harper Ave. Los Angeles, CA 90048"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Finance Direct TV"	500.00	500.00	500.00
07/14/14	"Maya Fidler 324 S. Linden Dr. Beverly Hills, CA 90212"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Not Employed N/A"	250.00	250.00	250.00
07/16/14	"Timothy J. Smith 2418 Harrison St. Evanston, IL 60201"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Advertising technology Centro"	500.00	500.00	500.00
07/17/14	"Jason Orion-Green 7985 Santa Monica Blvd. Unit 113 Los Angeles, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Hair Stylist ABC"	100.00	100.00	100.00
07/21/14	"Donald Anspauch Jr. 8212 W. Norton Ave. West Hollywood, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"IRS Enrolled Agent Daddy Don's Tax Service"	300.00	300.00	300.00
<b>SUBTOTAL \$</b>				<b>1650.00</b>		

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ <u>12024.00</u>
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ <u>1341.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>13365.00</u></b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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	07/01/14	
through	12/31/14	Page <u>5</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Mike Gerle for City Council 2015		1367237

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)
07/24/14	"Jason Rasmussen 8424 Santa Monica Blvd. Ste. A 728 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Accountant Creative X Media"	500.00	500.00	500.00
07/29/14	"Chris Bussard 874 Hammond St. #20 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Head of Product Twigtale.com"	100.00	100.00	100.00
08/04/14	"Cesar J. Segovia, D.D. S., Inc. 9201 Sunset Blvd. Ste. 208 Los Angeles, CA 90069"	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Dentist Self-Employed"	300.00	300.00	300.00
08/04/14	"Kevin Meskin 832 N. Edinburgh Ave. #10 Los Angeles, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Barber/ Salon Owner Kevin Meskin"	100.00	100.00	100.00
08/10/14	"James Andre 1506 N. Kings Rd. Los Angeles, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Not Employed N/A"	250.00	250.00	250.00
<b>SUBTOTAL \$</b>				<b>1250.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>18</u>	I.D. NUMBER

NAME OF FILER

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)
08/13/14	"Rebecca Stern 2318 Ridge Evanston, IL 60201"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Homemaker N/A"	100.00	100.00	100.00
08/20/14	"David Dresden 427 N. Van Ness Ave. Los Angeles, CA 90004"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Leadership Consulting David Dresden"	100.00	100.00	100.00
08/21/14	"Michael Mahler 2021 10th St. Santa Monica, CA 90405"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Director Centro"	100.00	100.00	100.00
09/02/14	"Don Winston 2464 N. Beachwood Dr. Los Angeles, CA 90068"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Writer Tigerfish Films, Inc."	100.00	100.00	100.00
09/03/14	"Patrick Mulcahey 191 Carnelian Way San Francisco, CA 94131"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Writer Bell - Phillip Television Productions, Inc."	250.00	250.00	250.00
<b>SUBTOTAL \$</b>				650.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 from <u>7/1/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>18</u>		
NAME OF FILER		I.D. NUMBER

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)
09/04/14	"Charlie Matula 4219 Santa Monica Blvd. Los Angeles, CA 90068"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Co Owner Eagle LA"	500.00	500.00	500.00
09/04/14	"Kevin Jaedon 321 Schaeffer St. 2F New York, NY 11237"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Designer NastyPig"	100.00	100.00	100.00
09/04/14	"Skip Chasey 4155 Holly Knoll Dr. Los Angeles, CA 90027"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"TV Executive WME Entertainment"	250.00	250.00	250.00
09/09/14	"John Nieto 7962 W. Norton # 8 West Hollywood, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Retired N/A"	100.00	100.00	100.00
09/10/14	"Jeffrey Lukomski 8033 W. Sunset Blvd. # 155 Los Angeles, CA 90046"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Marketing Consultant Jeffrey Lukomski"	500.00	500.00	500.00
<b>SUBTOTAL \$</b>				<b>1450.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 <u>7/1/14</u>	through <u>12/31/14</u>	
Page <u>8</u> of <u>10</u>		I.D. NUMBER

NAME OF FILER

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)
09/12/14	"David Alrxson 1308 Factory Pl. #407 Los Angeles, CA 90014"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Entrepreneur David Alrxson"	100.00	100.00	100.00
09/16/14	"Julian Goldstein 3700 Crownridge Dr. Sherman Oaks, CA 91403"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"CEO/Director Thrive Tribe"	100.00	100.00	100.00
09/26/14	"David Ciganek 6212 Lexington Ave. Los Angeles, CA 90038"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Implementation Manager Quadramed"	500.00	500.00	500.00
09/30/14	"Race Bannon 584 Castro St. #518 San Francisco, Ca 94114"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Director Oracle Corp."	100.00	100.00	100.00
09/30/14	"Todd Markle 300 Loma Alta Altadena, CA 91001"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Engineer Todd markle"	100.00	100.00	100.00
<b>SUBTOTAL \$</b>				<b>900.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 <u>7/1/14</u>		
through <u>12/31/14</u>		Page <u>9</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER

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)
10/05/14	"Mark S. DeRosa 1285 N. Sweetzer Ave. #108 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Digital Marketing Sony Pictures Television"	200.00	200.00	200.00
10/08/14	"Patrica E Gerle 19021 Hall Road Kearney, MO 64060"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Retired N/A"	200.00	200.00	200.00
10/10/14	"David Logan 8600 Rugby Dr. Unit 7 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Municipal Employee City of West Hollywood"	249.00	249.00	249.00
10/10/14	"Jennifer Forest 5918 Canyon Cove Los Angeles, CA 90068"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Executive Universal Music Group"	100.00	100.00	100.00
10/16/14	"Angela Niemeyer 4843 Arcola Ave. North Hollywood, CA 91601"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Sales & Marketing Big Outdoor"	325.00	325.00	325.00
<b>SUBTOTAL \$</b>				<b>1074.00</b>		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 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 from <u>7/1/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>18</u>		
NAME OF FILER		I.D. NUMBER

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)
10/22/14	"Ernesto Provencio 8608 Holloway Drive #207 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Executive Assistant Neiman Marcus"	150.00	150.00	150.00
10/22/14	"Frederick Kiehne 9663 Santa Monica Blvd Beverly Hills, CA 90210"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Banker PNC Bank"	100.00	100.00	100.00
10/22/14	"Larry Baird 828 N Orange Grove Avenue Los Angeles, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Director of Marketing Symantec"	250.00	250.00	250.00
10/22/14	"Michael Liberatore 6724 Hillpark Dr Atp 401 Los Angeles, CA 90068"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Licensed Marriage and Family Therapist Self-Employed"	100.00	100.00	100.00
10/22/14	"Renee Robichaux 4138 Riverton Ave. Studio City, CA 91602"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Attorney Robichaux Law Firm"	175.00	175.00	175.00
<b>SUBTOTAL \$</b>				<b>775.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>18</u>	I.D. NUMBER

NAME OF FILER

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)
10/22/14	"Troy Hudson 1340 N Curson Ave Apt 101 Los Angeles, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Scientist Jet Propulsion Labratory"	100.00	100.00	100.00
10/23/14	"Jonathan Mallow 1414 N Harper Ave #16 West Hollywood, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Producer Viacom"	100.00	100.00	100.00
10/24/14	"Catherine Hahn 416 N Oakhurst Drive #304 Beverly Hills, CA 90210"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Advertising IMG"	100.00	100.00	100.00
10/24/14	"Gregory Sroda 1035 Market St. Ste. 400 San Francisco, CA 94114"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Director Aids Lifecycle San Francisco Aids Foundation"	100.00	100.00	100.00
10/28/14	"Joanie McClure 11174 107 RD. Dodge City, KS 67801"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Not Employed N/A"	100.00	100.00	100.00
<b>SUBTOTAL \$</b>				<b>500.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>18</u>
NAME OF FILER _____	
I.D. NUMBER _____	

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)
10/29/14	"Edward Campbell 1235 N Kings Road #311 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Attorney Cox Castle & Nicholson LLP"	175.00	175.00	175.00
10/29/14	"John Duran 9200 Sunset Blvd. West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Attorney Duran Law Group"	100.00	100.00	100.00
10/31/14	"Hassan Rabie 1771 Blake Ave Los Angeles, CA 90031"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Owner Antiques International"	500.00	500.00	500.00
11/08/14	"Christopher Kennedy 1590 S Palm Canyon Dr. Palm Springs, CA 92264"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Interior Designer Self-Employed"	500.00	500.00	500.00
11/08/14	"Jon Barrett 390 Lorimer #4D Brooklyn, NY 11206"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Editor SMG"	100.00	100.00	100.00
<b>SUBTOTAL \$</b>				<b>1375.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 <u>7/1/14</u>	through <u>12/31/14</u>	
Page <u>13</u> of <u>18</u>		I.D. NUMBER

NAME OF FILER

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)
11/08/14	"Matthew Spencer 753 S. Detroit St. #4 Los Angeles, CA 90036"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Coordinator WeHo"	100.00	100.00	
11/08/14	"Robert Cope 874 hammond St. #20 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Contractor Art Department"	150.00	150.00	150.00
11/08/14	"Scott Singer 7356 Bonnie Pl. Reseda, CA 91335"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Psychotherapist Christopher Kennedy Design"	150.00	150.00	150.00
11/17/14	"Brian Pendleton 2798 Outpost Dr Los Angeles, CA 90068"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"President Cause Force"	500.00	500.00	500.00
11/17/14	"Chad Goldman 2798 Outpost Dr Los Angeles, CA 90068"	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Chief Creative Officer Cause Force"	500.00	500.00	500.00
<b>SUBTOTAL \$</b>				<b>1400.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>18</u>	I.D. NUMBER

NAME OF FILER

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)
11/17/14	"Eric Paul Leue 1035 N. Bonita Ave. Unit 5 Los Angeles, CA 90046"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Account Executive Sales BinWise"	500.00	500.00	500.00
11/17/14	"Thomas Dunlap 900 N West Knoll #2 West Hollywood, CA 90069"	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	"Realty Self-Employed"	500.00	500.00	500.00
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>1000.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule E  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/14	
through	12/31/14	Page <u>15</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Mike Gerle for City Council 2015		1367237

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MEM 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
"Christopher Breene 701 Irvine St. NW Washington, DC 20010"	WEB			1000.00
"Christopher Breene 701 Irvine St. NW Washington, DC 20010"	WEB			1000.00
"Christopher Breene 701 Irvine St. NW Washington, DC 20010"	WEB			1000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 3000.00**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	8887.72
2. Unitemized payments made this period of under \$100 .....	\$	1088.81
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0.00
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>9976.53</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/14	
through	12/31/14	Page <u>16</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Mike Gerle for City Council 2015		1367237

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Gerle for City Council 2015

**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	FET	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
"Christopher Breene 701 Irvine St. NW Washington, DC 20010"	WEB			500.00
"Christopher Breene 701 Irvine St. NW Washington, DC 20010"	WEB			500.00
"Click and Pledge 2200 Kraft Dr. Blacksburg, VA 24060"			Donation Processing Fees	116.65
"Crummitt & Associates 525 E. Seaside Way, #101-C Long Beach, CA 90802"	PRO			770.00
"Crummitt & Associates 525 E. Seaside Way, #101-C Long Beach, CA 90802"	PRO			1790.00

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

**SUBTOTAL \$ 3676.65**



**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/14	
through	12/31/14	Page <u>7</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Mike Gerle for City Council 2015		1367237

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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	FET	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
LT	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
Crummitt & Associates 525 E. Seaside Way, #101-C Long Beach, CA 90802	PRO			770.00
Gay Boy Guide, LLC 1000 S. Corning St., #108 Los Angeles, CA 90035	PRT			250.00
NationBuilder 8571 Santa Monica Blvd. West Hollywood, CA 90069	WEB			113.00
Signsonthecheap.com Signsonthecheap.com	PRT			477.51

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

**SUBTOTAL \$ 1610.51**

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/14	
through	12/31/14	Page <u>12</u> of <u>12</u>
I.D. NUMBER		1367237

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Mike Gerle for City Council 2015

**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	FET petition circulating	TEL t.v. or cable airtime and production costs
FL 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
Garrett McClure 723 Westmount Dr. #205 West Hollywood, CA 90069	PRT	0.00	197.12	0.00	197.12
Mikel Gerle 723 Westmount Dr. #205 West Hollywood, CA 90069	WEB	0/00	50.58	0.00	50.58
<b>SUBTOTALS \$</b>			\$	\$	\$

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

**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>	247.70
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>	0.00
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>	247.70

May be a negative number