

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED
CITY OF WEST HOLLYWOOD

CALIFORNIA
FORM **460**

Date Stamp
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Page _____ of _____

For Official Use Only

Statement covers period
from January 23, 2015
through January 31, 2015

Date of election if applicable
(Month, Day, Year)
March 3, 2015

OFFICE OF THE CITY CLERK

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
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
47-2871603

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Neighbors for a Better West Hollywood

STREET ADDRESS (NO P.O. BOX)
505 Westmount Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90048</u>	<u>(818) 486-6313</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
13038 Landale Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Studio City</u>	<u>CA</u>	<u>91604</u>	<u>(818) 486-6313</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Shelley Levine

MAILING ADDRESS
13038 Landale Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Studio City</u>	<u>CA</u>	<u>91604</u>	<u>(818) 486-6313</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1/25/15
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

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	460
Page _____ of _____	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Lauren Meister

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
505 Westmount Driv West Hollywood, CA 90048

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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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>January 23, 2015</u> through <u>January 31, 2015</u>	CALIFORNIA FORM 460
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shelley Levine

I.D. NUMBER
47-2871603

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 40,000.00	\$ _____
2. Loans Received Schedule B, Line 3	0	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 40,000.00	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	0	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 40,000.00	\$ _____

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

	IN through 0000	TO DATE
20. Contributions Received	\$ 40,000.00	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 3,220.00	\$ _____
7. Loans Made Schedule H, Line 3	0	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,220.00	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	_____
10. Nonmonetary Adjustment Schedule G, Line 3	0	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3,220.00	\$ _____

**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	\$ 0
13. Cash Receipts Column A, Line 3 above	0
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from January 23, 2015
through January 31, 2015

CALIFORNIA
FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shelley Levine

I.D. NUMBER
47-2871608

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)
January 23, 2015	Bill Reznick 503 Westmount Drive West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,000.00	\$40,000.00	
		<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				
		<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				
				SUBTOTAL \$	\$40,000.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>40,000.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>0</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>40,000.00</u>

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
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Statement covers period
from January 23, 2015
through January 31, 2015

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shelley Levine

I.D. NUMBER
47-2871603

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/15	Lauren Meister West Hollywood City Council	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide Slate Cards	\$225.00	\$225.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/26/15	Lauren Meister West Hollywood City Council	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Cops Voter Guide	\$870.00	\$870.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/26/15	Lauren Meister West Hollywood City Council	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	California Voter Guide	\$2,000.00	\$2,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				\$2,900.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 3,095.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 125.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ 3,220.00

**Schedule E
Payments Made**

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

Statement covers period from <u>January 23, 2015</u>	CALIFORNIA FORM	SCHEDULE 460
through <u>January 31, 2015</u>		
Page _____ of _____		I.D. NUMBER 47-2871603

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shelley Levine

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	TSP 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
Election Digest 13701 Riverside Drive, Ste. 604 Sherman Oaks, CA 91423	LIT			\$225.00
Voter Guide Slate Cards 6285 E. Spring Street, Ste. 202 Long Beach, CA 90808	LIT			\$870.00
Cops Voter Guide 705-2 E. Bidwell Street #370 Folsom, CA 95630	LIT			\$2,000.00

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

SUBTOTAL \$ 3,095.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,095.00
2. Unitemized payments made this period of under \$100	\$ 125.00
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.)	TOTAL \$ 3,220.00