

**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

Report covers period from <u>January 23, 2015</u> through <u>January 31, 2015</u> Date of election if applicable: (Month, Day, Year) <u>March 3, 2015</u>	Date Stamp <b>RECEIVED</b> CITY OF WEST HOLLYWOOD <b>15 JAN 26 PM 2:49</b> OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 465</b> Page _____ of _____ For Official Use Only
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**Amendment** (Explain Below)

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\_\_\_\_\_

**Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
Not Received Yet

COMMITTEE/FILER'S NAME  
Neighbors for a Better West Hollywood

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

CITY <u>West Hollywood</u>	STATE <u>CA</u>	ZIP CODE <u>90048</u>	AREA CODE/PHONE <u>(818) 486-6313</u>
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer** (If recipient committee)

NAME OF TREASURER  
Shelley Levine

MAILING ADDRESS  
13038 Landale Street

CITY <u>Studio City</u>	STATE <u>CA</u>	ZIP CODE <u>91604</u>	AREA CODE/PHONE <u>(818) 486-6313</u>
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OPTIONAL: FAX / E-MAIL ADDRESS

**Name of Candidate or Measure Supported or Opposed**

NAME OF CANDIDATE <u>Lauren Meister</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>West Hollywood City Counsel</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>

**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)
1/26/15	Election Digest 13701 Riverside Drive., Ste. 604 Sherman Oaks, CA 91423	Slate Guide	\$225.00	\$225.00
1/26/15	Voter Guide Slate Guide 6285 E. Spring Street., Set, 202 Long Beach, CA 90808	Slate Guide	\$870.00	\$870.00
1/26/15	Cops Voter Guide 705-2 E. Bidwell Street, #370 Folsom, CA 95630	Slate Guide	\$2,000.00	\$2,000.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM <b>465</b>
from	January 23, 2015	
through	January 31, 2015	Page _____ of _____
		I.D. NUMBER (If recipient com.) Not Received Yet

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Neighbors for a Better West Hollywood

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	\$3,095.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	\$125.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	<b>\$3,220.00</b>

## 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  
Shelley Levine

ADDRESS (NO. AND STREET)  
13038 Landale Street

CITY STATE ZIP CODE  
Studio City CA 91604

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 certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. 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 January 23, 2014  
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