Supplement	al Independent	Type or print in ink.	SUPPLEMENTAL INDEPENDENT EXPENDITURE							
Expenditure Government Code S	Report	Amounts may be rounded to whole dollars.		01/01/0				CALIFORNIA FORM	4	65
SEE INSTRUCTIONS (ON REVERSE	☐ Amendment (Explain B	Below)				Г	Page 1	of	3
				Date of election if a (Month, Day, Y	pplicable; [[1		For Official	Use Onl	y
	Amounts may be rounded to whole dollars. Amendment (Explain Below)									
I. Committee	e/Filer Information	` ')	Treasurer (f recipient co	mmittee)				
COMMITTEE/FILE	R'S NAME	1374239		NAME OF TREASU	RER					
Heilman, Line	dsey Horvath & Joseph Guardar	o Elect John D'Amico, John rama to the West Hollywood	d	Gary Crummitt	:					
				MAILING ADDRESS						**********
	•			525 E. Seasid	le Way, #1	01-C				
CITY Santa M		ADEA CODE		CITY		STATE ZIP	CODE	AREA C	ODE/PH	IONE
West Hollywoo				Long Reach		C3 00	.000	15001	007 00	115
		30046 (362) 983-081			-MAII ADDDE		802	(562)	763-06	113
		pported or Opposed							CHECI	K ONE
NAME OF CANDID				1		•		st	JPPORT	OPPOSE
_				1					X	
	WEASURE			BALLOT NO./LETTER	JURISDICTI	ON		St	JPPORT	OPPOSE
3. Independe	ent Expenditures Made A	ttach additional information on appr	ropriately:	labeled continuation shee	ets.			CUMULATIVE	E TO DA	TE
DATE	NAME AND ADDR	ESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT	1			
02/11/2015	12501 Imperial Hwy., #200		Voter F	iles		23	8.61	(0/11/1		,998.27
02/11/2015	6400 Dale St.		Mailer			6,09	1.60		20	,998.27
02/11/2015	6400 Dale St.		Mailer			1,67	0.32		20	,998.27

Supplemental Independent **Expenditure Report**

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMEN	ITAL INDEPE	NDENT EXP	ENDITURE

Report covers period	Date Stamp	CALIFORNIA ACE
from 01/01/2015		FORM 400
through 02/14/2015		Page 2 of 3
Date of election if applicable: (Month, Day, Year)		For Official Use Only
03/03/2014		

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must

be filed for each candidate or measure being supported or opposed. This form is filed in addition to

any other required campaign statements.

IV Independ	dent Expenditures Made Attach additional inf	formation on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
02/11/2015	Political Data, Inc. 12501 Imperial Hwy., #200 Norwalk, CA 90650	Voter Files	57.81	20,998.27
02/14/2015	George Urch 4320 E. Terra Vista Lane Anaheim, CA 92807	Consulting	2,000.00	20,998.27
02/13/2015	Method Campaign Services 1100 S. Flower St., #3300 Los Angeles, CA 90015	Canvassing	2,000.00	20,998.27
02/10/2015	Political Data, Inc. 12501 Imperial Hwy., #200 Norwalk, CA 90650	Voter files	373.66	20,998.27
02/09/2015	Ryan Press 6400 Dale St. Buena Park, CA 90621	Mailer	8,566.27	20,998.27

Supplemental Independent

Type or print in ink.

SUPPLEMENTAL INDEPENDENT EXPENDITU	SUPPLEMENTA	LINDEPENDENT	EXPENDITUR
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Expenditure Report		Amounts may i to whole d		Report covers period from 01/01/2015	CALIFORNIA 465
SEE INSTRUCTIONS ON REVERSE				through 02/14/2015	Page 3 of 3
NAME OFFILER Friends of West Hollywood, A Committee to Hollywood City Council 2015	Elect John D'A	mico, John Heilmar	n, Lindsey Horvath &	Joseph Guardarrama to the West	I.D. NUMBER (If recipient com.) 1374259
4. Summary					
1. Total independent expenditures of \$100	or more made t	his period. (Part 3.)			\$ 20,998.27
2. Total independent expenditures under \$	IOO mada this n	orian (Nationian			D
Total independent expenditures made tr	nis period (Add l	Lines 1 + 2.)		TO	TAL \$20,998.27
5. Filing Officers Enter the name and add	ress of each filing	officer with whom th	e filer's most recent cam	naign statements (Form 450, 460 or	ded) hour haar flad
1) NAME OF FILING OFFICER	\		3) NAME OF FILING		401) Have been med.
City of West Hollywood			S, THIRLE OF FICHE	S OF FOLK	
ADDRESS (NO. AND STREE	ET)		ADDRESS	(NO. AND STREET)	
8300 Santa Monica Blvd.				(NO. AND STREET)	
CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
West Hollywood	CA	90069			STATE ZIF CODE
2) NAME OF FILING OFFICER		···	4) NAME OF FILING	OFFICER	
ADDRESS (NO. AND STREE	ET)		ADDRESS	(NO. AND STREET)	
CITY	STATE	ZIP CODE	CITY	The state of the s	STATE ZIP CODE
6. Verification		<u> </u>			
I certify that the "independent expenditure(s)" dias those terms are defined in Government Code statement and to the best of my knowledge the in the foregoing is true and correct. Executed on	-	By	SIGNATURE OF CANDIDA NATURE OF CONTROLLING OFFI	asonable diligence in preparing and repenalty of perjury under the laws of the treasurer or assistant treasurer te, state measure proponent, or responsionations of the treasure proponent, or responsionations of the treasure proponent is state measure proportional treasure proponent.	eviewing this e State of California that BLE OFFICER OF SPONSOR
DATE		SIGI	NATURE OF CONTROLLING OFFI	CEHOLOER, CANDIDATE, STATE MEASURE PROP	ONENT