

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

Amendment (Explain Below)

Report covers period from <u>01/01/2015</u> through <u>02/14/2015</u>	Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 15 FEB 20 PM 2:33 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 465 Page <u>1</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>03/03/2015</u>		

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
890106

COMMITTEE/FILER'S NAME
CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION OF REALTORS

STREET ADDRESS (NO P.O. BOX)
525 S. VIRGIL AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	(213) 739-8200

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER
M. IQBAL BHOLAT

MAILING ADDRESS
525 S. VIRGIL AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	(213) 739-8200

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE LAUREN MEISTER	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: CITY OF WEST HOLLYWOOD	CHECK ONE		
		SUPPORT <input checked="" type="checkbox"/>	OPPOSE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

3. 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)
02/06/2015	RICHARD SETTLE 1650 N. OGDEN DR., #3 LOS ANGELES, CA 90046	PHOTOGRAPHS	25.00	2,734.30
02/06/2015	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES 1740 BROADWAY, ST-LL2 DENVER, CO 80274	MAILER	2,499.95	2,734.30
02/06/2015	U.S. POSTMASTER 7550 E 53RD PLACE DENVER, CO 80217	POSTAGE	923.63	

MEMO
Subpayment made through:
ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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.

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from <u>01/01/2015</u>		
through <u>02/14/2015</u>		
Date of election if applicable: (Month, Day, Year)		Page <u>2</u> of <u>3</u>
<u>03/03/2015</u>		For Official Use Only

IV 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)
02/06/2015	WEBB MASON 10830 GILROY ROAD HUNT VALLEY, MD 21031	MAILER	1,576.32 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES	
02/06/2015	NATIONAL ASSOCIATION OF REALTORS 430 N. MICHIGAN AVE. CHICAGO, IL 60611	VOTER FILE	209.35	2,734.30

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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from	01/01/2015	
through	02/14/2015	Page <u>3</u> of <u>3</u>
I.D. NUMBER (If recipient com.)		890106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION OF REALTORS

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2,734.30
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	2,734.30

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

SECRETARY OF STATE

ADDRESS (NO. AND STREET)

POLITICAL REFORM DIVISION 1500 11TH STREET, ROOM 495

CITY STATE ZIP CODE

SACRAMENTO CA 95814

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

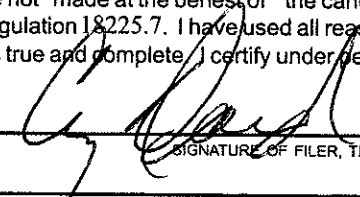
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 02/19/2015
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