

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED</b><br>CITY OF WEST HOLLYWOOD<br>15 JAN 26 PM 2:12<br>OFFICE OF THE CITY CLERK | CALIFORNIA FORM <b>460</b>                      |
|  | Page <u>1</u> of <u>10</u><br>Official Use Only |

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/2014</u><br>through <u>12/31/2014</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>06/02/2015</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**3. Committee Information**

I.D. NUMBER  
1364348

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)  
3700 Wilshire Blvd. Ste. 1050-B

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA    | 90010    | (213) 489-4792  |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS  
(213) 489-4818

**Treasurer(s)**

NAME OF TREASURER  
David Gould

MAILING ADDRESS  
3700 Wilshire Blvd. Ste. 1050-B

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA    | 90010    | (213) 489-4792  |

NAME OF ASSISTANT TREASURER, IF ANY

Ingrid Orellana

MAILING ADDRESS  
3700 Wilshire Blvd. Ste. 1050-B

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA    | 90010    | (213) 489-4792  |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

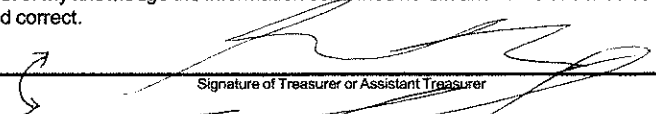
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

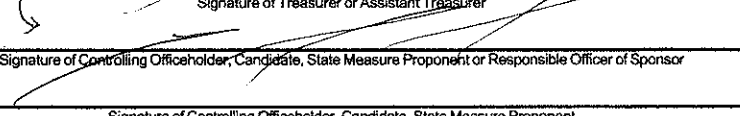
Executed on 1/21/15  
Date

Executed on 1/21/15  
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 460**

Page 2 of 10

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

HEIDI SHINK

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member West Hollywood: West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1010 N. Curson Ave. #110 West Hollywood CA 90046

**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?  
 YES  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?  
 YES  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<br><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 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>07/01/2014</u><br>through <u>12/31/2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>10</u>   | I.D. NUMBER<br><u>1364348</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>625.00</u>   | \$ <u>33,655.00</u>                        |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0.00</u>  | <u>800.00</u>                              |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>625.00</u>   | \$ <u>34,455.00</u>                        |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>625.00</u>   | \$ <u>34,455.00</u>                        |

**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            | Column B            |
|---|---------------------|---------------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>13,840.62</u> | \$ <u>17,241.48</u> |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>         | <u>0.00</u>         |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>13,840.62</u> | \$ <u>17,241.48</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>-750.00</u>      | <u>0.00</u>         |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0.00</u>         | <u>0.00</u>         |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>13,090.62</u> | \$ <u>17,241.48</u> |

**Expenditure Limit Summary for State  
Candidates**

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

**Current Cash Statement**

|   |                     |
|---|---------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>30,429.14</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>625.00</u>       |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0.00</u>         |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>13,840.62</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>17,213.52</u> |

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

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

**Cash Equivalents and Outstanding Debts**

|   |                  |
|---|------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u>   |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>800.00</u> |

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.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |  |                            |
|--|--|----------------------------|
| Statement covers period                          |  | <b>CALIFORNIA FORM 460</b> |
| from <u>07/01/2014</u>                           |  |                            |
| through <u>12/31/2014</u>                        |  | Page <u>4</u> of <u>10</u> |
| NAME OF FILER                                    |  | I.D. NUMBER                |
| HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015 |  | 1364348                    |

SEE INSTRUCTIONS ON REVERSE

HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/01/2014         | Jaime Adler<br>655 N Robertson Blvd.<br>West Hollywood, CA 90069                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Designer<br>Phyllis Morris  | 500.00                      | 500.00   |                                       |
| 07/01/2014         | Jaime Adler<br>655 N Robertson Blvd.<br>West Hollywood, CA 90069                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Designer<br>Phyllis Morris  | 500.00                      | 500.00   |                                       |
| 07/16/2014         | Jaime Adler<br>655 N Robertson Blvd.<br>West Hollywood, CA 90069                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Designer<br>Phyllis Morris  | -1,000.00                   | 500.00   |                                       |
| 08/25/2014         | S. Scott Mayer<br>745 Milwood Ave.<br>Venice, CA 90291  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ph. D<br>S. Scott Mayers  | 100.00                      | 100.00   |                                       |
| 11/05/2014         | David Anawalt<br>641 No. Robertson<br>West Hollywood, CA 90069                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive<br>Self Employed  | 500.00                      | 500.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 600.00                      |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 600.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 25.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 625.00

\*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 B – Part 1  
Loans Received**

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

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2014</u><br>through <u>12/31/2014</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>10</u> |
|  | I.D. NUMBER<br>1364348     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN           | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                        |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Heidi Shink<br>1010 N. Curson Ave. #110<br>West Hollywood, CA 90046   | Writer<br>Self Employed   | \$ 800.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00   | \$ 800.00<br>DATE DUE                              | _____%<br>RATE<br>\$ 0.00        | \$ 800.00<br>02/25/2014<br>DATE INCURRED | CALENDAR YEAR<br>\$ 800.00<br>PER ELECTION**<br>\$ 2015 800.00 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | _____<br>DATE INCURRED                   | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____        |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | _____<br>DATE INCURRED                   | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____        |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | _____<br>DATE INCURRED                   | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____        |
| <b>SUBTOTALS \$</b>   |   |  | 0.00 \$                            | 0.00 \$  | 800.00 \$  | 0.00                             |  |  |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

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

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                          |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 07/01/2014 |                                |
| through  | 12/31/2014 | Page 6 of 10                   |
| NAME OF FILER                                    |            | I.D. NUMBER                    |
| HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015 |            | 1364348                        |

SEE INSTRUCTIONS ON REVERSE

HEIDI SHINK FOR WEST HOLLYWOOD 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   | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|---|---------|----------------------------|-------------|
| Democracy<br>411 Lafayette St. 6th Floor<br>New York, NY 10003                | CMP     | Credit Card Processing Fee | 39.00       |
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO     |                            | 250.00      |
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO     |                            | 750.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 1,039.00

**Schedule E Summary**

|  |                           |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 13,735.66              |
| 2. Unitemized payments made this period of under \$100   | \$ 104.96                 |
| 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 \$ 13,840.62</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<br/>FORM 460</b> |
| from   | 07/01/2014 |                                |
| through  | 12/31/2014 | Page 7 of 10                   |
| NAME OF FILER                                    |            | I.D. NUMBER                    |
| HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015 |            | 1364348                        |

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.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FL</b> candidate filing/ballot fees                                   | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE | OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|---|------|----|----------------------------|-------------|
| Democracy<br>411 Lafayette St. 6th Floor<br>New York, NY 10003                | CMP  |    | Credit Card Processing Fee | 0.98        |
| Daily Consulting LLC<br>31912 Sunset Ave.<br>Laguna Beach, CA 92651           | CNS  |    |                            | 3,200.00    |
| Melody Ramirez<br>1156 S. Hudson Ave.<br>Los Angeles, CA 90019                | OFC  |    |                            | 280.00      |
| Democracy<br>411 Lafayette St. 6th Floor<br>New York, NY 10003                | CMP  |    | Credit Card Processing Fee | 147.73      |
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO  |    |                            | 250.00      |

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

**SUBTOTAL \$** 3,878.71

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2014</u><br>through <u>12/31/2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>8</u> of <u>10</u>   | I.D. NUMBER<br>1364348         |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

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

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE | OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|---|------|----|----------------------------|-------------|
| Democracy<br>411 Lafayette St. 6th Floor<br>New York, NY 10003                | CMP  |    | Credit Card Processing Fee | 3.90        |
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO  |    |                            | 250.00      |
| Shortcuts Music<br>1010 N. Curson Ave. #110<br>West Hollywood, CA 90046       | WEB  |    |                            | 999.00      |
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO  |    |                            | 250.00      |
| Democracy<br>411 Lafayette St. 6th Floor<br>New York, NY 10003                | CMP  |    | Credit Card Processing Fee | 19.50       |

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

**SUBTOTAL \$** 1,522.40

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



**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<br/>FORM 460</b> |
| from   | 07/01/2014 |                                |
| through  | 12/31/2014 | Page 9 of 10                   |
| NAME OF FILER                                    |            | I.D. NUMBER                    |
| HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015 |            | 1364348                        |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

HEIDI SHINK FOR WEST HOLLYWOOD CITY COUNCIL 2015

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

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Shortcuts Music<br>1010 N. Curson Ave. #110<br>West Hollywood, CA 90046       | OFC     |                        | 6,795.55    |
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO     |                        | 500.00      |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

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

**SUBTOTAL \$** 7,295.55

**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                    | 07/01/2014 |                            |
| through                 | 12/31/2014 | Page 10 of 10              |
| I.D. NUMBER             |            | 1364348                    |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

HEIDI SHINK FOR WEST HOLLYWOOD 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   | 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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)        | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--------------------------------|---|---------------------------------------|---|--|
| DAVID L. GOULD COMPANY<br>3700 Wilshire Blvd. #1050B<br>Los Angeles, CA 90010 | PRO                            | 750.00  | 0.00                                  | 750.00  | 0.00   |
|   |                                |   |                                       |   |  |
|   |                                |   |                                       |   |  |
| <b>SUBTOTALS \$</b>   |                                | 750.00\$  | 0.00\$                                | 750.00\$  | 0.00   |

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

**Schedule F Summary**

- 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.)..... **INCURRED TOTALS \$** 0.00
- 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.) ..... **PAID TOTALS \$** 750.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -750.00  
May be a negative number