ORIGINAL

Supplemental Independent Expenditure Report (Government Code Section 84203.5)

Type or print in ink. mounts may be rounded to	Report covers period				
whole dollars.	from	02/15/2015			
Amendment (Fueleis Reissa)	through	05/16/2015			

from	02/15/2015		
through_	05/16/2015		
Date of election if applicable: (Month, Day, Year)			

	AL INDEPENDENT EXPENDITURE
Date Standa E C E I	CALIFORNIA 465
15 MAY 22 1	Page <u>1</u> of 4
OFFICE OF THE C	For Official Use Only 江子 Cますの

. Committee/Filer Inforr	nation	I.D. NUMBE	R (If recipient committee)
COMMITTEE/FILER'S NAME West Hollywood Chamber of	Commerce WEH	O PAC (AKA WE	EHO PAC)
STREET ADDRESS (NO P.O. BOX)			
8272 Santa Monica Blvd.			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046	(323)650-2688
OPTIONAL: FAX/E-MAIL ADDRESS			

NAME OF TREASURER			
Keith Kaplan			
MAILING ADDRESS			
8424-A Santa Monica Blvd., #866	0		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046	(323)651-1400

Name of Candidate or Measure Supported	or Opposed	CHEC	CK ONE
NAME OF CANDIDATE John Heilman	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: City of West Hollywood	SUPPORT X	OPPO.
NAME OF BALLOT MEASURE	BALLOT NO /LETTER JURISDICTION	SUPPORT	OPPO

DATE	dent Expenditures Made Attach additional informati NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
02/18/2015	Star Mailing Service, Inc. 3050 Rosslyn St. Los Angeles, CA 90065	Mailer for 02/18/15	755.45	7,055.16
02/18/2015	The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	Mailer for 02/18/15	652.19	7,055.16
02/19/2015	Off World Entertainment 100 S. Doheny Dr. #224 Los Angeles, CA 90048	Polling and targeting information	666.67	7,055.16

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Date Stamp

Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

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

Report covers period					
from	02/15/2015				
through 05/16/2015					
Date of election if applicable: (Month, Day, Year)					

california 465

Page 2 of 4

For Official Use Only

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 info	prmation on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
02/19/2015	Political Data, Inc. PO Box 59570 Norwalk, CA 90652	Targeting information	165.25	7,055.16
02/19/2015	Voter Newsletter 15021 Ventura Blvd., #530 Sherman Oaks, CA 91403	Slate Mailer for 02/19/15	500.00	7,055.16
02/19/2015	The Afriat Consulting Group 4107 Magnolia Boulevard Burbank, CA 91505-	Consulting	333.34	7,055.16
02/23/2015	Star Mailing Service, Inc. 3050 Rosslyn St. Los Angeles, CA 90065	Mailer	755.45	7,055.16
02/23/2015	The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	Mailer	652.18	7,055.16
02/27/2015	Angelo Pizzo Graphics 27111 Island View Ct. Valencia, CA 91355	Graphic design	600.00	7,055.16

SEE INSTRUCTIONS OF For use by an officeh more in a calendar y be filed at the same opposed or by a combe filed for each can	ON REVERSE older, candidate, or committee mear to support or oppose a single times and places as the campaignmittee primarily formed to support didate or measure being support	Type or print in ink. Amounts may be rounde to whole dollars. aking independent expenditures totaling a candidate or a single measure. This for an statements filed by the candidate sup at or oppose the measure. A separate for ted or opposed. This form is filed in add	\$1000 or orm must ported or orm must	Date of election if applicable: (Month, Day, Year)		SUPPLEMENTAL Date Stamp	CALIFORNIA 465 FORM of 4 For Official Use Only
IV Independe	NAME AND ADD	de Attach additional information RESS OF PAYEE		DESCRIPTION OF EXPENDITURE	eets.	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/06/2015	Ruben Esparza Design 8535 N. West Knoll Dr. West Hollywood, CA 900		Posters	3		67.00	7,055.16
-							

Supplemental Independent

Executed on ___

DATE

Type or print in ink. Amounts may be rounded

	SUPPLEMENT	AL INDEPENDENT EXPENDITUR
Re	port covers period	CALIFORNIA 165
from	02/15/2015	FORM TOO
through	05/16/2015	- Page 4 of 4
		I.D. NUMBER (If recipient com.)

Expenditure Report		to whole dollars.		from 02/15/2015 CALIFORNIA 46:			
				rom02/13/2013			
SEE INSTRUCTIONS ON REVERSE				through 05/16/2015	Page	4 of 4	
NAME OF FILER			I.D. NUMBER (If recipient com				
West Hollywood Chamber of Commerce		1248664					
4. Summary							
1. Total independent expenditures of	of \$100 or more made t	his period. (Part 3.)		\$	5,147.53	
Total independent expenditures under \$100 made this period. (Not itemized.)							
3. Total independent expenditures	made inis period (Add	Lines 1 + 2.)	***************	I C)IAL \$	5,147.53	
5. Filing Officers Enter the name	and address of each filing	officer with whom the	ne filer's most recent can	nazion etatomonte (Form 450, 460 c	or 461) hove k	oon filad	
1) NAME OF FILING OFFICER	and dodness of eden ming	omeer was whom a			7 401) Have D	een mea.	
			3) NAME OF FILIN	3) NAME OF FILING OFFICER			
Secretary of State ADDRESS (NO. A	ND STREET)			Registrar of Voters			
,	MAD GIVEE!)		ADDRESS	(NO. AND STREET)			
1500 11th Street, Room 495	and the second		12400 Imperi	al Highway			
	STATE	ZIP CODE	CITY		STATE	ZIP CODE	
Sacramento	CA	95814	Norwalk		CA	90650	
2) NAME OF FILING OFFICER			4) NAME OF FILIN	IG OFFICER			
San Francisco Department of Elec							
1	ND STREET)		ADDRESS	(NO. AND STREET)			
1 Dr. Carlton Goodlett Place, #1	4 STATE	70 0000	- CITY		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	710 0005	
San Francisco	CA	ZIP CODE 94102	CITY		STATE	ZIP CODE	
6. Verification		544.02					
I certify that the "independent expenditu	ure(s)" disclosed in this sta	itement were not "ma	de at the behest of "the c	andidate or committee that benefitted	d from the exp ϵ	enditure(s)	
as those terms are defined in Governm statement and to the best of my knowle							
the foregoing is true and correct.	age are information contai	ried rierein is titue and	Complete. Toelsty under	periany of perjury under the raws or t	ne State of Car	шотна тас	
Executed on05/21/2015			my M				
DATE		Ву	SIGNATURE OF EUC	TREASURER OR ASSISTANT TREASURER		***************************************	
Executed on		Ву					
DATE		SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDID	ATE, STATE MEASURE PROPONENT, OR RESPON	VSIBLE OFFICER OF	F SPONSOR	
Executed on		Ву					
DATE			GNATURE OF CONTROLLING OFF	TCEHOLDER, CANDIDATE, STATE MEASURE PR	OPONENT		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT