

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
 *Report #063015JG
 SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

ORIGINAL

Amendment (Explain Below)

Report covers period from 01/01/2015 through 06/30/2015	Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 15 AUG -3 PM 1:45 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 465 Page 1 of 3 For Official Use Only
Date of election if applicable: (Month, Day, Year) 03/03/2015		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1236502

Treasurer (If recipient committee)

NAME OF TREASURER

COMMITTEE/FILER'S NAME
West Hollywood Properties, LLC

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

8820 Sunset Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(310) 657-8883

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Joe Guardarrama	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: City of West Hollywood	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE

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)
02/23/2015	EDH Associates 13636 Ventura Boulevard, #388 Sherman Oaks, CA 91423	Consulting, design, printing, postage and data	4,824.40	4,824.40
02/23/2015	Paragon Graphix 1121 Ethel Street Glendale, CA 91207	Design (subpayment, see EDH Associates payment for Joe Guardarrama)	500.00 MEMO Subpayment made through: EDH Associates	
02/23/2015	Bullseye Marketing 19425 Londelius Street Northridge, CA 91324	Postage (subpayment, see EDH Associates payment for Joe Guardarrama)	877.98 MEMO Subpayment made through: EDH Associates	

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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.

Report covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	Date Stamp RECEIVED CITY OF WEST HAVEN 15 AUG -3 PM 1:45 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>03/03/2015</u>	Page <u>2</u> of <u>3</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)
02/23/2015	Cornerstone Printing 423 Washington Street, 6th Floor San Francisco, CA 94111	Printing (subpayment, see EDH Associates payment for Joe Guardarrama)	1,538.17 MEMO Subpayment made through: EDH Associates	
02/23/2015	Political Data, Inc. 12501 Imperial Highway, Suite 200 Norwalk, CA 90650	Data (subpayment, see EDH Associates payment for Joe Guardarrama)	291.20 MEMO Subpayment made through: EDH Associates	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2015	
through	06/30/2015	Page <u>3</u> of <u>3</u>
NAME OF FILER		I.D. NUMBER (if recipient com.)
West Hollywood Properties, LLC		1236502

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	4,824.40
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	\$ 4,824.40

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

The Los Angeles County Registrar-Recorder/County Clerk

ADDRESS (NO. AND STREET)

12400 Imperial Highway

CITY STATE ZIP CODE

Norwalk CA 90650

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 07/29/2015

DATE

Executed on _____

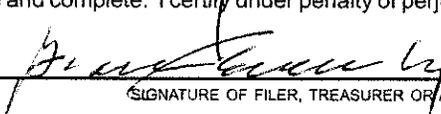
DATE

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