Supplemer Expenditur (Government Code Report #063015 SEE INSTRUCTIONS	Section 84203.5) HS	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below I.D. NUMBER (If recipient committee)		Report covers programme from 05/17/20 through 06/30/20 Date of election if a (Month, Day, Y	SUF Date Stamp EIVED 3 Pill: Lu	CALIFORNIA FORM Page 1 of 4 For Official Use Only		.65 4		
1 Committe	e/Filer Information			06/02/20			ANTENNA MARIE MARIE AND ANTENNA MARIE MARI			described extensions and deter
COMMITTEE/FIL		1236502		NAME OF TREASU	RER	nmittee)				
STREET ADDRE	SS (NO P.O. BOX)			MAILING ADDRESS	S					
CITY West Hollyw	STATE ZIF	P CODE AREA CODE/PHO 0069 (310)657-888		OPTIONAL: FAX/E	E-MAIL ADDRE	STATE	ZIP CODE	AREA	CODE/PH	IONE
2. Name of (Candidate or Measure Sup	ported or Opposed							CHEC	K ONE
NAME OF CANDI Heidi Shin				OFFICE SOUGHT OR HEL City Council Mem		·	od		SUPPORT	OPPOSE
NAME OF BALLC	TMEASURE			BALLOT NO./LETTER	JURISDICTI	ON			SUPPORT	OPPOSE
3. Independ	ent Expenditures Made Atta NAME AND ADDRE		opriately :	labeled continuation shee		AMO	UNT		IVE TO DA DAR YEAR - DEC. 31)	₹
05/19/2015	EDH Associates 13636 Ventura Boulevard, #38 Sherman Oaks, CA 91423			costs including co printing, postage			6,533.80		31	.,557.40
05/19/2015	Bullseye Marketing 19425 Londelius Street Northridge, CA 91324			e (subpayment, see for Heidi Shink)	EDH Associ	ates		yment made thr ssociates	ough:	
05/19/2015	Cornerstone Printing 423 Washington Street, 6th F San Francisco, CA 94111	loor		g (subpayment, see for Heidi Shink)	EDH Assoc	iates		yment made thr ssociates	ough:	

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent Expenditure Report

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

Report covers period	Date Stamp RECEIVED					
from 05/17/2015	- CITY OF WEST HART					
through 06/30/2015	- 15 AUC _2 CU					

california 465

SEE INSTRUCTIONS ON REVERSE

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.

Date of election if applicable:
(Month, Day, Year)

O6/02/2015

For Official Use Only

IV Independ	dent Expenditures Made Attach additional into NAME AND ADDRESS OF PAYEE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
05/19/2015	Paragon Graphix 1121 Ethel Street Glendale, CA 91207	Design (subpayment, see EDH Associates payment for Heidi Shink)		1
05/20/2015	EDH Associates 13636 Ventura Boulevard, #388 Sherman Oaks, CA 91423	Mailer costs including consulting, design, printing, postage and data	6,487.60	31,557.40
05/20/2015	Bullseye Marketing 19425 Londelius Street Northridge, CA 91324	Postage (subpayment, see EDH Associates payment for Heidi Shink)		
05/20/2015	Cornerstone Printing 423 Washington Street, 6th Floor San Francisco, CA 94111	Printing (subpayment, see EDH Associates payment for Heidi Shink)		*
05/20/2015	Paragon Graphix 1121 Ethel Street Glendale, CA 91207	Design (subpayment, see EDH Associates payment for Heidi Shink)		1
05/22/2015	EDH Associates 13636 Ventura Boulevard, #388 Sherman Oaks, CA 91423	Mailer costs including consulting, design, printing, postage and data	6,487.60	31,557.40

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent Expenditure Report

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

Report covers period	Date Stamp
from 05/17/2015	IY OF ESSETS
through 06/30/2015	
vugi.	₹

Date of election if applicable:

(Month, Day, Year)

06/02/2015

california 465

SEE INSTRUCTIONS ON REVERSE

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.

15 AUG -3 PM 1: LL For Of

For Official Use Only

IV Independ	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)			
05/22/2015	Bullseye Marketing 19425 Londelius Street Northridge, CA 91324	Postage (subpayment, see EDH Associates payment for Heidi Shink)	1,185.64 MEMO Subp EDH	ł .
05/22/2015	Cornerstone Printing 423 Washington Street, 6th Floor San Francisco, CA 94111	Printing (subpayment, see EDH Associates payment for Heidi Shink)		I
05/22/2015	Paragon Graphix 1121 Ethel Street Glendale, CA 91207	Design (subpayment, see EDH Associates payment for Heidi Shink)	400.00 MEMO Subp EDH	f .

Supplemental Independent

DATE

Type or print in ink.

SUPPLEMENTAL	INDEPENDENT	EXPENDITURE

Expenditure Report	Amounts may be rounded to whole dollars.		Report covers period		CALIFORNIA 46		
		to whole	dollars.	from05/17/2015			4100
SÉE INSTRUCTIONS ON REVERSE				through_	06/30/2015	Page 4	of <u>4</u>
NÂME OF FILER						I.D. NUMBER ((If recipient com.)
West Hollywood Properties, LLC						1236502	
4. Summary							
1. Total independent expenditures of \$100 or more	made th	is period. (Part 3)			\$	19,509.00
2. Total independent expenditures under \$100 made	e this pe	riod. (Not itemize	d.)			\$	0.00
3. Total independent expenditures made this perior	d (Add L	ines 1 + 2.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ТОТ	AL \$	19,509.00
5. Filing Officers Enter the name and address of ea	ach filing	officer with whom t	he filer's most recent camp	aign stateme	nts (Form 450, 460 or	461) have been	filed.
1) NAME OF FILING OFFICER			3) NAME OF FILING	OFFICER		 	
The Los Angeles County Registrar-Recorder/County	ty Clerk	c					
ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)		
12400 Imperial Highway CHTY			<u> </u>		······································		
	STATE	ZIP CODE	CITY			STATE 2	ZIP CODE
Norwalk 2) NAME OF FILING OFFICER	CA	90650	4) NAME OF FILING	OFFICER			
			T) WANTE OF FIERRO	OFFICER			
ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)		
CITY	STATE	ZIP CODE	CITY			STATE 2	ZIP CODE
5. Verification		 					
I certify that the "independent expenditure(s)" disclosed in as those terms are defined in Government Code Section is statement and to the best of my knowledge the information the foregoing is true and correct.	82031 an	d FPPC Regulation	18225.7. I have used all rea	asonable dilige	ence in preparing and re	viewing this	, ,
Executed on	1	Ву	SIGNATURE OF FILER,	CCC (SISTANT TREASURER		*
Executed on	I	BySIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATI	E, STATE MEASUR	E PROPONENT, OR RESPONSI	BLE OFFICER OF SPC	 ONSOR
Executed on	I	Ву	GNATURE OF CONTROLLING OFFIC				
Executed on	!	By	91179		,		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT