

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #6-30LM
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 02/15/2015
through 06/30/2015
Date of election if applicable
(Month, Day, Year)
06/02/2015

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CALIFORNIA
FORM **465**

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1374259

COMMITTEE/FILER'S NAME

Friends of West Hollywood, A Committee to Elect John Heilman to the West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)

8149 Santa Monica Blvd., #396

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90046	(562) 983-0815

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Gary Crummitt

MAILING ADDRESS

525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
Lauren Meister	City Council Member: City of West Hollywood		X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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	Ryan Press 6400 Dale St. Buena Park, CA 90621	Mailer	8,063.00	8,270.05
03/02/2015	Political Data, Inc. 12501 Imperial Hwy., #200 Norwalk, CA 90650	Mail data files	207.05	8,270.05

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	02/15/2015	
through	06/30/2015	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Friends of West Hollywood, A Committee to Elect John Heilman to the West Hollywood City Council 2015		1374259

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	8,270.05
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 \$	8,270.05

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	3) NAME OF FILING OFFICER
City of West Hollywood	
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
8300 Santa Monica Blvd.	
CITY STATE ZIP CODE	CITY STATE ZIP CODE
West Hollywood CA 90069	
2) NAME OF FILING OFFICER	4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

6. Verification

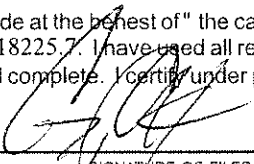
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the benefit of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 07/30/2015
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