

ORIGINAL

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 01/01/2007 through 06/30/2007. Date Stamp: RECEIVED CITY OF WEST HOLLYWOOD 07 JUL 31 PM 4:54. OFFICE OF THE CITY CLERK. CALIFORNIA FORM 465. Page 1 of 3. For Official Use Only.

1. Committee/Filer Information

I.D. NUMBER (If recipient committee) 1248664

COMMITTEE/FILER'S NAME

West Hollywood Chamber of Commerce WEHO PAC (AKA WEHO 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

Treasurer (If recipient committee)

NAME OF TREASURER

Joan Henehan

MAILING ADDRESS 8272 Santa Monica Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE West Hollywood CA, 90046 323-656-0239

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

Table with columns: NAME OF CANDIDATE, OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE, SUPPORT, OPPOSE. Row 1: John Heilman, City Council Member City of West Hollywood, SUPPORT X.

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Table with columns: DATE, NAME AND ADDRESS OF PAYEE, DESCRIPTION OF EXPENDITURE, AMOUNT, CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31). Rows include: 02/27/2007, Wheel Art Direction & Design, Mailer design, 100.00, 1,911.92.

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 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>01/01/2007</u> through <u>06/30/2007</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>03/06/2007</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)
02/20/2007	Clear Channel Outdoor 19320 Harborgate Way Los Angeles, CA 90501	Billboard	366.66	1,911.92
02/20/2007	CBS Outdoor 1731 Workman St. Los Angeles, CA 90031	Billboard design	333.34	1,911.92
02/20/2007	CBS Outdoor 1731 Workman St. Los Angeles, CA 90031	Billboard space	500.00	1,911.92
03/01/2007	West Hollywood Chamber Of Commerce 8272 Santa Monica Blvd. West Hollywood, CA 90046	Email list of voters	82.72	1,911.92

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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	I.D. NUMBER (if recipient com.) 1248664

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
West Hollywood Chamber of Commerce WEHO PAC (AKA WEHO PAC)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,911.92</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>1,911.92</u>

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
Secretary of State

ADDRESS (NO. AND STREET)
1500 11th Street, Room 495

CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER
San Francisco Department of Elections

ADDRESS (NO. AND STREET)
1 Dr. Carlton Goodlett Place, #14

CITY STATE ZIP CODE
San Francisco, CA 94102

3) NAME OF FILING OFFICER
Los Angeles Registrar of Voters

ADDRESS (NO. AND STREET)
12400 Imperial Highway

CITY STATE ZIP CODE
Norwalk, CA 90650

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

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 7/31/07
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
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