

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.

Amendment (Explain Below)

Report covers period		Date Stamp		SUPPLEMENTAL INDEPENDENT EXPENDITURE	
from	01/01/2011	CITY OF WEST HOLLYWOOD		CALIFORNIA FORM 465	
through	01/22/2011	11 JAN 27 PM 3:20		Page 1 of 2	
Date of election if applicable: (Month, Day, Year)		OFFICE OF THE CITY CLERK		For Official Use Only	
03/08/2011					

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

COMMITTEE/FILER'S NAME

Sunset Strip, Inc.

STREET ADDRESS (NO P.O. BOX)

7119 W. Sunset Blvd., Suite 555

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA, 90046

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
Billboard Tax Initiative	A	City of West Hollywood	X
			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)
01/07/2011	Goodwin Simon Strategic Research 3461 Cattaraugus Ave. Culver City, CA 90232	POL	15,050.00	35,050.00
01/07/2011	Burnside & Associates, Inc. 1311 S. Tremaine Ave. Los Angeles, CA 90046	CNS	5,000.00	35,050.00
01/07/2011	Barbara Grover, Inc. 1823 Lucile Ave. Los Angeles, CA 90026	CNS	15,000.00	35,050.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2011	
through	01/22/2011	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (if recipient com.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sunset Strip, Inc.

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 35,050.00
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 \$ 35,050.00

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
West Hollywood City Clerk

ADDRESS (NO. AND STREET)
8300 Santa Monica Blvd

CITY STATE ZIP CODE
West Hollywood, CA 90069

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

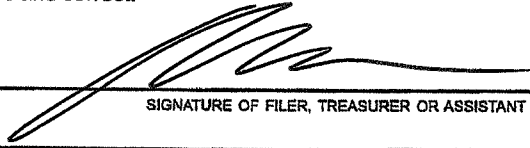
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-27-11
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