Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Small Contributor Committee
   - Primarily Formed Ballot Measure Committee
   - Primarily Formed Candidate/Officeholder Committee
   - Controlled
   - Sponsored

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form #410 Termination)
   - Quartely Statement
   - Special Odd-Year Report
   - Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1427011
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     Friends of Kelly Honig for Westlake Village City Council 2020
   - STREET ADDRESS (NO P.O. BOX): Westlake Village
   - CITY: Westlake Village
   - STATE: CA
   - ZIP CODE: 91361
   - Mailing Address: 818-515-7085

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/29/2021
   Executed on 1/29/2021
   Executed on 1/29/2021
   Executed on 1/29/2021

   By ____________________________
   Signature of Treasurer and 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

   Date
   Date
   Date
   Date
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Kelly Honig</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City Council- City of Westlake Village</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Westlake Vil</td>
</tr>
<tr>
<td>CITY</td>
<td>CA</td>
</tr>
<tr>
<td>STATE</td>
<td>91361</td>
</tr>
</tbody>
</table>

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. **Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
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<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
## Contributions Received

1. Monetary Contributions: Schedule A, Line 3
   - Amount: $0

2. Loans Received: Schedule B, Line 3
   - Amount: $0

   **SUBTOTAL CASH CONTRIBUTIONS:** Add Lines 1 + 2
   - Amount: $0

3. Nonmonetary Contributions: Schedule C, Line 3
   - Amount: $0

4. **TOTAL CONTRIBUTIONS RECEIVED:** Add Lines 3 + 4
   - Amount: $0

## Expenditures Made

6. Payments Made: Schedule E, Line 4
   - Amount: $0

7. Loans Made: Schedule H, Line 3
   - Amount: $0

8. **SUBTOTAL CASH PAYMENTS:** Add Lines 6 + 7
   - Amount: $0

   - Amount: $0

10. Nonmonetary Adjustment: Schedule C, Line 3
    - Amount: $0

11. **TOTAL EXPENDITURES MADE:** Add Lines 8 + 9 + 10
    - Amount: $0

## Current Cash Statement

- **Beginning Cash Balance:** Previous Summary Page, Line 16
  - Amount: $0

13. Cash Receipts: Column A, Line 3 above
    - Amount: $0

14. Miscellaneous Increases to Cash: Schedule I, Line 4
    - Amount: $0

15. Cash Payments: Column A, Line 8 above
    - Amount: $0

16. **ENDING CASH BALANCE:** Add Lines 12 + 13 + 14, then subtract Line 15
    - Amount: $0

   If this is a termination statement, Line 16 must be zero.

17. **LOAN GUARANTEE RECEIVED:** Schedule B, Part 2
    - Amount: none

## Cash Equivalents and Outstanding Debts

18. **Cash Equivalents:** See instructions on reverse
    - Amount: none

19. **Outstanding Debts:** Add Line 2 + Line 9 in Column B above
    - Amount: none

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- **Contributions Received:**
  - Amount: $0

- **Expenditures Made:**
  - Amount: $0

## Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made**
    - Date of Election (mm/dd/yy): Total to Date
      - Amount: $0
      - Amount: $0

*Amounts in this section may be different from amounts reported in Column B.