

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |   |
|--|---|
| <b>RECEIVED</b><br>CITY OF WEST HOLLYWOOD<br>14 JUL 28 AM 9:45<br>OFFICE OF THE CITY CLERK | CALIFORNIA FORM <b>460</b><br>Page <u>1</u> of <u>5</u> |
|  | For Official Use Only                                   |

|  |   |
|--|---|
| Statement covers period<br>from <u>5-18-14</u><br>through <u>6-30-14</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11-4-14</u> |
|--|---|

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  
*(Also Complete Part 5)*

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
*(Also Complete Part 6)*

Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
*(Also file a Form 410 Termination)*  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 970426

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
West Hollywood Councilmember Jeffrey Prang 2013 officeholder Account

STREET ADDRESS (NO P.O. BOX)  
7985 Santa Monica Bl #590

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90046 323-654-8433

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Esther Baum

MAILING ADDRESS  
1265 N. Harper Ave #9

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90046 323-656-8231

NAME OF ASSISTANT TREASURER, IF ANY  
Donna Saur

MAILING ADDRESS  
1024 1/2 Gardner St.

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90046 323-876-0453

OPTIONAL: FAX / E-MAIL ADDRESS

**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 7-27-14 Date  
 Executed on 7-27-14 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By Esther Baum Signature of 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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

|                            |  |
|----------------------------|--|
| CALIFORNIA FORM <b>460</b> |  |
| Page <u>2</u> of <u>5</u>  |  |

# 970426

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Councilmember Jeffrey Prang

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
West Hollywood City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY West STATE ZIP  
7985 Santa Monica Bl #590 Hollywood CA 90046

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.

|  |  |
|--|--|
| COMMITTEE NAME<br><u>Jeffrey Prang for Assessor 2014</u>                         | I.D. NUMBER<br><u>1359913</u>  |
| NAME OF TREASURER<br><u>Jane Leiderman</u>                                       | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)<br><u>419 N. Larchmont Bl #37</u> |  |
| CITY STATE ZIP CODE AREA CODE/PHONE<br><u>Los Angeles CA 90004 323-465-9655</u>  |  |
| COMMITTEE NAME   | I.D. NUMBER  |
| NAME OF TREASURER  | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)                                   |  |
| CITY STATE ZIP CODE AREA CODE/PHONE  |  |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE  
N/A

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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.

|   |                       |   |
|---|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE<br><u>N/A</u> | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE               | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE               | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE               | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>5-18-14</u><br>through <u>6-30-14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>5</u>  | I.D. NUMBER<br><u>970426</u>   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Council Member Jeffrey Prang 2013 officeholder Account

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0</u>  | \$ <u>0</u>                                |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0</u>  | \$ <u>0</u>                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0</u>  | \$ <u>0</u>                                |

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

|                            | 1/1 through 6/30 | 7/1 to Date   |
|----------------------------|------------------|---------------|
| 20. Contributions Received | \$ <u>n/a</u>    | \$ <u>n/a</u> |
| 21. Expenditures Made      | \$ <u>n/a</u>    | \$ <u>n/a</u> |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>1542.00</u>  | \$ <u>2418.69</u>                          |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>1542.00</u>  | \$ <u>2418.69</u>                          |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0</u>   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>1542.00</u>  | \$ <u>2418.69</u>                          |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| <u>1/1</u>                     | \$ <u>n/a</u> |
| <u>1/1</u>                     | \$ <u>n/a</u> |

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>3964.69</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>0</u>          |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0</u>          |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>1542.00</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2422.69</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

|   |             |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

**Cash Equivalents and Outstanding Debts**

|   |             |
|---|-------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

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

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULED

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>5-18-14</u><br>through <u>6-30-14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>4</u> of <u>5</u>  | I.D. NUMBER<br><u>970426</u>   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Councilmember Jeffrey Prang 2013 officeholder Account

| DATE   | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD          | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------|---|--|---------------------------|-----------------------------|---|------------------------------------|
| 6-5-14 | Jeffrey Prang for Assessor 2014   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 1,500.00                    | 1,500.00  | 1,500.00                           |
|        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                             |   |                                    |
|        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                             |   |                                    |
|        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                             |   |                                    |
|        |   |  |                           | <b>SUBTOTAL \$ 1,500.00</b> |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 1,500.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 1,500.00**

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>5-18-14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>6-30-14</u>                         |                                |
| Page <u>5</u> of <u>5</u>                      | I.D. NUMBER<br><u>970426</u>   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Councilmember Jeffrey Prang 2013 officeholder Account

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LT campaign literature and mailings                               | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                      | CODE       | OR         | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|--|------------|------------|------------------------|-----------------|
| <u>Jeffrey Prang For Assessor 2014<br/>419 N. Larchmont Bl #37<br/>Los Angeles, CA 90004 ID# 1359913</u> | <u>CTB</u> | <u>615</u> |                        | <u>1,500.00</u> |
|  |            |            |                        |                 |
|  |            |            |                        |                 |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,500.00

**Schedule E Summary**

- |  |                                |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ <u>1,500.00</u>             |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>42.00</u>                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ <u>0</u>                    |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> <u>1542.00</u> |