

497 Contribution Report

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

RECEIVED
CITY OF WEST HOLLYWOOD

497 CONTRIBUTION REPORT

NAME OF FILER Mayor Jeffrey Prang Committee		Date of This Filing 2-23-09 FEB 23 PM 4:03	Date Stamp 23 PM 4:03	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323-654-8433	I.D. NUMBER (if applicable) 970426	Report No. OFFICE OF THE CITY CLERK		
STREET ADDRESS 7985 Santa Monica Blvd. #590		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY West Hollywood	STATE CA	ZIP CODE 90046	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2-23-09	Laurence Zakson 9015 Elevado Street West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Reich, Adell + Cuitan	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2-23-09	Palihouse Holloway 8465 Holloway Drive West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee