

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
09 JUL 29 AM 9:50
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 460

Page 1 of 34

For Official Use Only

Statement covers period
from 2-15-09
through 6-30-09

Date of election if applicable:
(Month, Day, Year)
3-3-09

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

ID NUMBER
970426

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Jeffrey Prang, West Hollywood City Council 2013

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7-29-09
Date

Executed on 7-29-09
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

ID # 970426

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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 STATE ZIP
7985 Santa Monica Bl #590 West 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	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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N/A

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
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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	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

N/A

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 from <u>2-15-09</u>	CALIFORNIA FORM 460
through <u>6-30-09</u>	
Page <u>3</u> of <u>34</u>	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A, Line 3	\$ <u>30523.00</u>	\$ <u>41637.00</u>
2 Loans Received	Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>30523.00</u>	\$ <u>41637.00</u>
4 Nonmonetary Contributions	Schedule C, Line 3	\$ <u>500.00</u>	\$ <u>500.00</u>
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>31023.00</u>	\$ <u>42137.00</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>	\$ _____
21 Expenditures Made	\$ <u>N/A</u>	\$ _____

Expenditures Made

6 Payments Made	Schedule E, Line 4	\$ <u>56082.42</u>	\$ <u>89508.76</u>
7 Loans Made	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>56082.42</u>	\$ <u>89508.76</u>
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10 Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>500.00</u>	\$ <u>500.00</u>
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>56582.42</u>	\$ <u>90008.76</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u>N/A</u>
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12 Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>53928.85</u>
13 Cash Receipts	Column A, Line 3 above	\$ <u>30523.00</u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>1293.87</u>
15 Cash Payments	Column A, Line 8 above	\$ <u>56082.42</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>29663.30</u>

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

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

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).

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	2-15-09	
through	6-30-09	Page <u>4</u> of <u>34</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER

970426

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/09	SBE Entertainment Group LLC 8000 Beverly Blvd LA CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
2/17/09	James Hotel West Hollywood LLC 11 E 26th 4th FLR NY NY 10010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
2/17/09	Abbe Rest + Bars USA -LA LLC 7966 Beverly Bl LA CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
2/17/09	Eleven LP 8811 Santa Monica Bl WeHo, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	550.00
2/23/09	Laurence Zakson 9015 Elevado St. WH 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 + Cvitan	1000.00	1000.00	1000.00

SUBTOTAL \$ 4300.00

Schedule A Summary

- Amount received this period – itemized monetary contributions
(Include all Schedule A subtotals.) \$ 29179.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1344.00
- Total monetary contributions received this period
(Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Line 1) TOTAL \$ 30523.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prany, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-23-09	Palihouse Holloway 8465 Holloway Dr WH CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
2-20-09	Erim Kutz 7526 Fountain Ave #8 WH CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	250.00
2-20-09	Marcy Norton 949 N Kings Rd #215 WH CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	150.00
2-20-09	Moe Stavnezer 9112-C Fairview Ave San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist/Self	50.00	50.00	100.00
2-20-09	Gilberto Kuhn 1139 N. Genessee Ave WH CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City/ops. Rep	100.00	100.00	100.00

SUBTOTAL \$ 1250.00

***Contributor Codes**

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-20-09	Michael Zannella 8745 Dorrington Ave WeHo CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
2-20-09	Vahan Sarajians 19610 Eagle Ridge LN Porter Ranch CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RE Broker / Self	100.00	100.00	200.00
2-20-09	Richard Kuleh 8633 Holloway Dr. WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer / Self	100.00	100.00	100.00
2-20-09	Mark Zuckman 516 S. Rimpau Bl LA CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner / LA Superior Court	100.00	100.00	100.00
2-20-09	Friends of Solache PO Box 334 LYNWOOD, CA 90262	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00

SUBTOTAL \$ 500.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-20-09	Yefim Stolyarskiy 1035 N. Harper Ave #9 WeHo CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	30.00	30.00	130.00
2-20-09	Muriel Schochet 526 N. Orlando Ave #204 WeHo CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	100.00
2-20-09	Jonathan Friedman 1800 S. Robertson Bl #400 LA CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Analyst/ Self	100.00	100.00	200.00
2-20-09	Michael Haibach 851 N Kings Rd #207 WeHo, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy/WeHo Councilmember	100.00	100.00	200.00
2-20-09	Daniel Kovatch 7336 Santa Monica Bl #444 WeHo CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Sales/ Self	100.00	100.00	200.00

SUBTOTAL \$ 355.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-26-09	William Delvar 2489 Moreno Dr. LA CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Latham + Watkins	250.00	250 00	250.00
2-20-09	Sal Guarriello 8220 W. Norton Ave WeHo, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Former WeHo City Council Member (Passed away 4/09)	250.00	250 00	250.00
2-20-09	Jeffrey Bial PO Box 69513 WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 00	250 00	250.00
2-20-09	David Pierce 9005 Cynthia St. #317 WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Pierce Law Group LLP	300 00	300.00	400.00
2-20-09	Germanides, Inc. 8768 Sunset Bl. WeHo CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400 00	400 00	400.00

SUBTOTAL \$ 1450.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>34</u>
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-20-09	Mark Zangrando 1016 Hancock Ave WeHo, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator/ Providence Health + Services CA	100.00	100.00	100.00
2-20-09	James Hodges 1230 N. Sweetzer Ave. #207 WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent video Producer	200.00	200.00	200.00
2-20-09	Terry Grand, M.D. 11130 Houston St. #8 No. Hollywood, CA 91602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00
2-20-09	American Advanced Auto 1020 N. Doherty Dr #6 weHo CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	150.00
2-20-09	Howard Aronow MD 1500 Sunset Lane Fullerton, CA 92833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00

SUBTOTAL \$ 725.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-23-09	Dawson Titem + Gole 9454 Wilshire Bl PH Beverly Hills, CA 90212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	300.00
2-23-09	West Hollywood Medical 1201 Larrabee St. #106 WeHo CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	150.00
2-23-09	Brad Crowe 313 Westbourne Dr. WeHo, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
2-23-09	Michael Agopian 424 S. Virgil Ave LA CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Harbor College - Dept. of Sociology	100.00	100.00	100.00
2-23-09	Judie Fenton 321 S Wetherly Dr Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner / FTA Events + Marketing	100.00	100.00	200.00

SUBTOTAL \$ 450.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2-23-09	Peter MacNee 1187 E. 3rd St. #316 Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare - Memorial Medical Center Long Beach	200.00	200.00	200.00
2-23-09	Troup B. Coronado 5 Red Rock Way San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT+T - V.P. External Affairs	250.00	250.00	250.00
3-4-09	Safeway/VOTIS 618 Michellinda Ave. Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
3-4-09	CA RE PAC #890106 525 S Virgil Ave LA CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
3-4-09	Richard Loya 3312 Hill St. Huntington Park, CA 90255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher - LAUSD	100.00	100.00	100.00

SUBTOTAL \$ 1300.00

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-4-09	LA Checker Cab Coop 11003 Hawthorne Bl Leroux, CA 90304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 00	250.00	750 00
3-4-09	BH Transit Coop 6102 Venice Bl LA CA 90034	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500 00
3-4-09	Ind Taxi Owners Assoc. 700 N Virgil Ave LA CA 90029	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 00	500.00	500.00
3-4-09	Steven Greene 926 N Harper Ave WeHo CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transportation Planner - Fiers, Inc.	200 00	200 00	400.00
3-4-09	Fountain Day School 1128 N Orange Grove Ave. WeHo CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	100.00
SUBTOTAL \$				<u>1250.00</u>		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-4-09	Pacific Design Center LLC 750 Lexington Ave. NY NY 10022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 00	1000 00	1000 00
3-4-09	Stephan Smith 1413 N. Laurel Ave Apt D. Wetho CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant - Self	250 00	250 00	250.00
3-4-09	Robert Berubstein 1233 N. Genesee Ave. Wetho, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 00	100.00	100 00
3-4-09	Donald Williams 8106 W. Norton Ave #7 Wetho CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant - Self	100 00	100 00	100 00
3-4-09	Roy Dehbibi 3102 Donna Sofia Dr. Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roy Dehbibi + Assoc. - owner (M.E.P)	1000 00	1000.00	1000.00

SUBTOTAL \$ 2450.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER
Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-4-09	Andrew Rattos 1004 N. Ogden Dr. weHo CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administratr, Fountain Joy School	100.00	100.00	200.00
3-4-09	Frank Meister 9000 Cynthia St #408 weHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asset Management - Self	100.00	100.00	300.00
3-4-09	James Noll 1200 N. Flores St #310 weHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bambler - Self	50.00	50.00	100.00
3-4-09	Victor Omelczenko 1246 N. Laurel #6 weHo CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR - US Treasury, Dept.	100.00	100.00	100.00
3-4-09	Gabriel Azoulay 863 Westbourne Jr. weHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BH Premier - President	300.00	300.00	800.00

SUBTOTAL \$ 650.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>		CALIFORNIA FORM 460
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NAME OF FILER
Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-9-09	Valetor, Inc. 8359 Santa Monica Bl. WeHo, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
3-9-09	Joseph Fennell Jr. 12041 Jonathan Dr Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LASD Law Enforcement	100.00	100.00	100.00
3-9-09	Maxine Sonnenburg 1033 N Carol Dr #401 WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney - Self	100.00	100.00	100.00
3-9-09	John M. Monasmith 6951 Pocket Road Sacramento, CA 95381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Legislature Employee	100.00	100.00	100.00
3-9-09	Assoc of Holocaust Survivors 15377th Street, #406 Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
SUBTOTAL \$				500.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER
Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-9-09	Russ Wilson PO Box 69366 WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Koontz Hardware Retailer	200.00	200.00	700.00
3-9-09	Roy Rogers Oldenkamp 1336 N. Laurel Ave. WeHo CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buddha Jones - Filmmaking	200.00	200.00	200.00
3-9-09	David Geffen 12011 San Vicente Bl Ste 606 LA CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder - The David Geffen Co.	250.00	250.00	250.00
3-9-09	LA Co. Firefighters Local 1014 ID # 742008 3460 Fletcher Ave El Monte CA 91731	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00
3-9-09	Club Pup, Productions 272 Addison St. San Francisco, CA 94131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00

SUBTOTAL \$ 1150 00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-9-09	R. Chugani 8033 Sunset Bl #449 LA CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actress - Self	250.00	250.00	300.00
3-9-09	2004 Gorbis Family Trust 1741 Sunset Plaza Drive LA CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	350.00
3-9-09	Tea + Sympathy 7825 Santa Monica Bl. Wetho, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1000.00	1000.00
3-9-09	Ex Car Leasing 7807 Santa Monica Bl Wetho CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
3-9-09	Ruth Tittle 1344 N. Ogden Dr LA CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capitol Drugs Inc CEO	500.00	500.00	750.00
SUBTOTAL \$				<u>2000.00</u>		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink
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to whole dollars.

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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3-9-09	William Ruh 5574 Caroline Court Montclair, CA 91763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gov't Affairs - Self	99.00	99.00	198.00
3-9-09	Sobhi of LA 6055 E. Washington Bl #135 Commerce, CA 90040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	100.00
3-9-09	Roberto Rotella (+ A.J.) 18543 Devonshire St. 350 Northridge CA 91324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	100.00	100.00	300.00
3-9-09	Garry Shay 6748 Hillpark Dr 507 LA CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney - Self	100.00	100.00	200.00
3-9-09	Miyagis + Co Inc 8225 Sunset Bl. WeHo, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
SUBTOTAL \$				449.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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NAME OF FILER
Jeffrey Prang, West Hollywood City Council 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-9-09	Van Wagner outdoor 800 Third Ave 28th FLR NY NY 10022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
3-9-09	WeHo Concerned Citizens 1287 N. Crescent Heights Bl WeHo CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
3-4-09	Behnam Soroudi PO Box 17119 Rt. 11s CA 90209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ruby Group - RE Investment	1000.00	1000.00	1000.00
3-9-09	SHAC MT LLC 11100 Santa Monica Bl #300 LA CA 90025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
3-13-09	Ron Burkle 9130 Sunset Bl. WeHo CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yucaipa Cos. - Managing Partner	1000.00	1000.00	1000.00

SUBTOTAL \$ 4000.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460 Page <u>20</u> of <u>34</u>
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NAME OF FILER
Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-13-09	Frank Tierney 550 J Ave. Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
3-13-09	Gabriel Courcy 222 N. Columbus Dr. #3301 Chicago IL 60601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	300.00
3-13-09	CA Assoc of Prof Employers 1910 W Sunset Bl #600 ID# 761351 LA CA 90026	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
3-20-09	Promo Vista 9827 Rufus Ave Whittier, CA 90605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
3-20-09	Mondrian Holdings LLC 8440 W. Sunset Bl. WRHO CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
SUBTOTAL \$				1800.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-20-09	Heidi Cortese 218 Marigold Ave. Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doherty LLC - RE Developer	1000.00	1000.00	1000.00
3-20-09	Haig Papaian, Jr. Po Box 1019 Manhattan Beach, CA 90267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Commerce Club - Donator	1000.00	1000.00	1000.00
3-20-09	Mosgan Aghad 317 S Hoyt Ave Apt 3E LA CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney - Self	100.00	100.00	100.00
4-6-09	Florence Gardens 5951 Hollywood Bl LA CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
4-6-09	Hector "Jose" Sarinana 19348 Stefan Ave. Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elite Auto Body Inc. - Retailer	250.00	250.00	250.00
SUBTOTAL \$2600.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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ID NUMBER <u>970426</u>	

NAME OF FILER
Jeffrey Prang, West Hollywood City Council 2013

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4-6-09	SKye Partners Studios Inc. 1041 N Formosa Ave weHo CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00
4-24-09	Salah Said Al-Mudarris 20411 Hemmingway St. Canoga Park, CA 91306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant owner	1,000.00	1,000.00	1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>2,000.00</u>		

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>23</u> of <u>34</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER: 970426

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/2/09	Sunset View Plaza LLC 2000 S. Alameda LA CA 90058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Jumbotron ad message	500.00	500.00	1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 500.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions (Include all Schedule C subtotals)
- Amount received this period – unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period (Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Lines 4 and 10)

\$ 500.00

\$ 0

.. TOTAL \$ 500.00

***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

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

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

Statement covers period
from 2-15-09
through 6-30-09

SCHEDULE D
CALIFORNIA FORM 460

Page 24 of 34

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER

970426

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)
2/16/09	Democratic Voters Choice	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		462.00	462.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/19/09; 5/11/09	Wehu Dems	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1499.00	1549.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/21/09; 4/3/09	Democrats for New CA Leadership	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<u>2461.00</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals) \$ 3891.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 96.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2 Do not enter on the Summary Page) **TOTAL \$** 3987.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>25</u> of <u>34</u>

NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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)
6/30/09	Dawling For Supervisor 2010	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/1/09	Stonewall Democratic Club	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	525.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/1/09	Assessor Rick Auerbach's officeholder committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		200.00	200.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/20/09	LA League of Conservation Voters	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<u>1050.00</u>		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT)

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>26</u> of <u>34</u>

NAME OF FILER <u>Jeffrey Prang, West Hollywood City Council 2013</u>	ID NUMBER <u>970426</u>
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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)
6/10/09	Paul Koretz for CC 2009	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/9/09	ALADS	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 300.00

**Schedule E
Payments Made**

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>34</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER
970426

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 tv 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Afrat Consulting Group 4107 Magnolia Blvd. Burbank, CA 91505	CNS	2/17	5000.00
		3/4	5000.00
		3/7	5000.00
Matt Palazzo 9017 Harratt St #5 West Hollywood, CA 90069	SAL	2/16	500.00
		2/23	500.00
		3/3	500.00
Star Mailing 3050 Rosslyn St. Los Angeles, CA 90065	LIT	2/17	3077.86
		2/23	2222.73
		2/25	7166.32

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

SUBTOTAL \$ 28,966.91

Schedule E Summary

1 Itemized payments made this period. (Include all Schedule E subtotals)	\$ <u>55,879.65</u>
2 Unitemized payments made this period of under \$100	\$ <u>202.77</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)	TOTAL \$ <u>56,082.42</u>

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>28</u> of <u>34</u>
	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

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 tv 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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAWS/LA 1546 No Argyle Ave Los Angeles, CA 90028	CVC			100.00
Quality Logo Products 724 N. Highland Ave. Aurora, IL 60506	CMP			987.32
Democrats For New CA Leadership 1212 S Victory Blvd. Burbank, CA 91502	CTB		4/3	400.00
			3/21	100.00
Sofya Komsheva 801 N. Kings Rd #113 West Hollywood, CA 90069	SAL			250.00
Park Lindero News PO Box 36036 LA, CA 90036	PRT			472.50

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

SUBTOTAL \$ 2309.82

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>29</u> of <u>34</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER
970426

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 tv 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Dowling For Supervisor 2010 PO Box 56602 Hayward, CA 94545</u>	<u>CTB</u>		<u>100.00</u>
<u>Esther Baum 1265 N. Harper Ave. #9 Weho, CA 90046</u>	<u>FND</u>	<u>Esther's "Devil Eggs" and more ..</u>	<u>204.48</u>
<u>Jeff Prang 1230 N. Sweetzer Ave. #107 weho, CA 90069</u>	<u>TRC</u>		<u>713.05</u>
<u>Beverly Hills Ed Foundation - Apple Ball 25505 Lasky Dr Beverly Hills, CA 90212</u>	<u>CVC</u>		<u>500.00</u>
<u>Pacific Hills School 8628 Holloway Dr. Weho, CA 90069</u>	<u>CVC</u>		<u>100.00</u>

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

SUBTOTAL \$1617.53

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>30</u> of <u>34</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER

970426

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 tv 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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Here - Igor Sanna 696 N Robertson Blvd weho, CA 90069</i>		<i>3/2 Victory Party</i>	<i>400.00</i>
<i>Jake Stevens 719 Ramage St. weho, CA 90069</i>	<i>SAL</i>		<i>1000.00</i>
<i>ALADS 2 Cupania Circle Monterey Park, CA 91755</i>	<i>CTB</i>		<i>150.00</i>
<i>Fairfax High School - Band 7850 Melrose Ave Los Angeles, CA 90046</i>	<i>CVC</i>		<i>500.00</i>
<i>Stonewall Democratic Club 7985 Santa Monica Pl weho, CA 90046</i>	<i>CTB</i>		<i>500.00</i>

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

SUBTOTAL \$ 2550.00

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

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 tv 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 (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
"Assessor Rick Auerbach's officeholder Committee" 419 N. Larchmont Blvd #87 LA, CA 90004	CTB		200.00
LA League of Conservation Voters PO Box 2173 Arcadia, CA 91077	CTB		250.00
Paul Koety for CC 2009 419 N. Larchmont Blvd #37 LA, CA 90004	CTB		150.00
Promovista, Inc.	RFD		500.00

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

SUBTOTAL \$ 1100.00

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
	Page <u>32</u> of <u>34</u>
	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

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 tv 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Seth Eskigian 6334 Mariposa Ave Valley Glen, CA 91401	WEB			300.00
Democratic Voters Choice 728 W Edna Pl. Covina, CA 91722	CTB			462.00
Weho Dems PO Box 691572 Weho, CA 90069	CTB		2/19	999.00
			5/11	500.00
Political Data PO Box 1706 Barbours, CA 91507	LIT		2/19	452.43
			2/27	641.31
			3/10	214.84
Target Marketing 22981 Calle Azorin Mission Viejo, CA 92692	PHO			226.00

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

SUBTOTAL \$ 3795.58

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT)

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

Statement covers period from <u>2-15-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
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	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2009

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 tv 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
House of Printing 3336 E Colorado Bl. Pasadena, CA 91107	LIT			2/23 2762.54 2/26 8453.25
Frontiers 5657 Wilshire Bl #500 LA, CA 90036	PRT			517.00
Jeff Prang 1230 N. Sweetzer Ave #107 Weho, CA 90069	WEB			1187.09
Ryan Gierach 1050 N. Laurel Ave #4 Weho, CA 90046	PRT		Weho News Com	400.00
Afriat Consulting Group 4107 Magnolia Bl. Burbank, CA 91505	POS			3/4 2059.95 5/4 159.98

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

SUBTOTAL \$ 15,539.81

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 2-15-09
through 6-30-09

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Prang, West Hollywood City Council 2013

ID NUMBER

970426

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3-9-09	Star Mailing 3050 Rosslyn Street LA CA 90065	Refund received from over-payment of estimated postage.	1293.87

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 1293.87

Schedule I Summary

1. Itemized increases to cash this period \$ <u>1293 87</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>0</u>
3. Total of all interest received this period on loans made to others (Schedule H, Column (e))	\$ <u>0</u>
4. Total miscellaneous increases to cash this period (Add Lines 1, 2, and 3 Enter here and on the Summary Page, Line 14)	TOTAL \$ <u>1293 87</u>