

**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
07 JAN 29 PM 4:24
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 460
Page 1 of 9
For Official Use Only

Statement covers period
from 7-1-06
through 12-31-06

Date of election if applicable:
(Month, Day, Year) 07

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
(Also file a Form 410 Termination)
- 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)

Council member Jeffrey Prang Committee

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 1-24-07
Date

Executed on 1-24-07
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**

Page 2 of 9

ID # 970426

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Council member 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 I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES 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

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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 OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 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 from <u>7-1-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>9</u> |
| | I.D. NUMBER <u>970426</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Councilmember Jeffrey Prang Committee

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>0</u> | \$ <u>0</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0</u> | <u>-</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>-</u> | <u>-</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 | Column B |
|---|-------------------|-------------------|
| 6. Payments Made Schedule E, Line 4 | \$ <u>4277.77</u> | \$ <u>9153.37</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>4277.77</u> | \$ <u>9153.37</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>4277.77</u> | \$ <u>9153.37</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>N/A</u> | \$ <u>N/A</u> |

Current Cash Statement

| | |
|---|---------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>28,873.59</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>4277.77</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>24,595.82</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.

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> |

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

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

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>9</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council member Jeffrey Prang Committee

I.D. 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| <i>12/24/06</i> | <i>ECCO</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>100.00</i> | <i>100.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <i>10/26/06</i> | <i>John Chiang for CA 2006</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>1000.00</i> | <i>1000.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <i>12/24/06</i> | <i>West Hollywood Democratic Club</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>105.00</i> | <i>355.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | <i>1205.00</i> | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 2155.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 205.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 2360.00

**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.

SCHEDULE D (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>7-1-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER <u>970426</u> | |

NAME OF FILER

Council member Jeffrey Prang Committee

| 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) |
|-----------------|---|--|---------------------------|--------------------|---|------------------------------------|
| <i>12/21/06</i> | <i>Stone wall Democratic Club</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>50.00</i> | <i>250.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <i>10/23/06</i> | <i>Mule Fever for Assembly</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>500.00</i> | <i>500.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <i>10/21/06</i> | <i>Friends of Anthony Portantino</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>100.00</i> | <i>100.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <i>10/15/06</i> | <i>Lyn Shaw, Friends of 2006</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <i>100.00</i> | <i>100.00</i> | <i>N/A</i> |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$ *750.00*

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.

SCHEDULE D (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>7-1-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER <u>970426</u> | |

NAME OF FILER

Council member Jeffrey Piang Committee

| 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) |
|---------|---|--|---------------------------|--------------------|---|------------------------------------|
| 9-24-06 | <i>Action Democrats SFV</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 100.00 | 138.00 | N/A |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 9-12-06 | <i>Baranendi for Lt. Governor</i> | <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 | | | | | |
| | | <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 \$ 200.00

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|---|---------------------------------------|
| Statement covers period from <u>7-1-06</u> | CALIFORNIA FORM 460 |
| through <u>12-31-06</u> | |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council member Jeffrey Prang Committee

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 |
| 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 |
|--|------------|------------------------|----------------|
| <i>ECCO 1706 Garry Avenue Santa Ana, CA 92705</i> | <i>CTB</i> | | <i>100.00</i> |
| <i>John Chuang for CA 2006 2110 Artesia Blvd #354 Redondo Beach, CA 90278 #1276675</i> | <i>CTB</i> | | <i>1000.00</i> |
| <i>West Hollywood Democratic Club PO Box 691005 West Hollywood, CA 90069 #850089</i> | <i>CTB</i> | | <i>105.00</i> |

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

SUBTOTAL \$ *1205.00*

Schedule E Summary

| | | |
|--|-----------------|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | <u><i>3782.82</i></u> |
| 2. Unitemized payments made this period of under \$100 | \$ | <u><i>494.95</i></u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | <u><i>0</i></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><i>4277.77</i></u> |

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

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

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Councilmember Jeffrey Prang Committee

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 |
| 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 |
|---|------------|------------------------|---------------|
| <i>SimpleSend, Inc. 700 S. Flower Street - Ste. 1100 Los Angeles, CA 90017</i> | <i>WEB</i> | | <i>700.00</i> |
| <i>Jeffrey Prang 1230 N. Sweetzer Ave #107 West Hollywood, CA 90069</i> | <i>TRC</i> | | <i>120.83</i> |
| <i>West Hollywood Mail 7985 Santa Monica Pl #109 West Hollywood, CA 90046</i> | <i>OFC</i> | | <i>108.00</i> |
| <i>Mile Feuer For Assembly 419 N. Larchmont Blvd. #37 Los Angeles, CA 90004 ID #1265296</i> | <i>CTB</i> | | <i>500.00</i> |
| <i>Friends of Anthony Portantino PO Box 93935 Pasadena, CA 91109-3935 ID #1261136</i> | <i>CTB</i> | | <i>100.00</i> |

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

SUBTOTAL \$ 152883

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

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

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER <u>970426</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Council member Jeffrey Prang Committee

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 |
| 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 |
|---|---------|------------------------|-------------|
| Friends of Lynn Shaw 2006 9732 Neil Street Burbank, CA 91504 ID# 1280170 | CTB | | 100.00 |
| Rob Kalonian PO Box 241023 Los Angeles, CA 90024 | WEB | | 148.99 |
| Action Democrats SFV 14843 Hurton Street Sherman Oaks, CA 91403-1608 ID# 922441 | CTB | | 100.00 |
| Garamendi for Lt. Governor PO Box 496 Sacramento, CA 95812 ID# 1266998 | CTB | | 100.00 |
| Rotary Club of Beverly Hills c/o Jean D'Annunzio (Wells Fargo Bank) 433 N. Camden Dr. Ste 1200 Beverly Hills, CA 90210 | CVC | | 600.00 |

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

SUBTOTAL \$ 1048.99