

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY OF WEST HOLLYWOOD 09 JAN 29 PM 5:03 OFFICE OF THE CITY CLERK	Page 1 of 6 For Official Use Only

Statement covers period
from 07/01/2008
through 12/31/2008

Date of election if applicable:
(Month, Day, Year)
03/03/2009

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

i. Committee Information

I.D. NUMBER
1314120

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

Lauren Meister for City Council

STREET ADDRESS (NO P.O. BOX)

337 Westbourne Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90048</u>	<u>310 659 3379</u>

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

P.O. Box 691786 West Hollywood CA 90069

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>lauren@meister4weho.com</u>			

lauren@meister4weho.com

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Elyse Debra Eisenberg

MAILING ADDRESS

1230 Horn Avenue #526 West Hollywood CA 90069 310 657 6190

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>eisenberg@earthlink.net</u>			

eisenberg@earthlink.net

OPTIONAL: FAX / E-MAIL ADDRESS


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 01/22/2009
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on 1/26/2009
Date

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Lauren Meister. OFFICE SOUGHT OR HELD: City Councilmember, West Hollywood. RESIDENTIAL/BUSINESS ADDRESS: 337 Westbourne West Hollywood CA 90048.

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?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE, BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes.

Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD, DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes (repeated for multiple entries).

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>07/01/2008</u>	CALIFORNIA FORM 460
through <u>12/31/2008</u>	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1314120</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lauren Meister for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions Schedule A, Line 3	\$ <u>3620</u>	\$ <u>3620</u>
Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3620</u>	\$ <u>3620</u>
Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3620</u>	\$ <u>3620</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>0</u>	\$ <u>3620</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>36</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made Schedule E, Line 4	\$ <u>36</u>	\$ <u>36</u>
Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>36</u>	\$ <u>36</u>
Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
0. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>36</u>	\$ <u>36</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

2. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
3. Cash Receipts Column A, Line 3 above	<u>3620</u>
4. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
5. Cash Payments Column A, Line 8 above	<u>36</u>
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3584</u>

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

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ <u>0</u>
9. 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 from <u>07/01/2008</u> through <u>12/31/2008</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lauren Meister for City Council

I.D. NUMBER

1314120

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)
2/15/2008	Ed Buck 1234 N. Laurel Ave #17 West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000	1000	1000
2/20/2008	Bruce Bealke 394 Huntley Drive West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Strategy Officer Brahma Holdings	500	500	500
2/20/2008	Jay Jacobson 414 Westbourne Drive West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Moving Sound Music	200	200	200
2/20/2008	Joaquin Navarro 506 West Knoll Drive West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Set Designer NBC/Universal	100	100	100
12/2/2008	Debbie Meister 824 Sixth Street Sasnta Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Manager Moir Borman Entertainment	1000	1000	1000
SUBTOTAL \$				2800		

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 3600

Amount received this period – unitemized monetary contributions of less than \$100 \$ 20

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3620

*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>07/01/2008</u> through <u>12/31/2008</u>	CALIFORNIA FORM 460
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NAME OF FILER Lauren Meister for City Council	I.D. NUMBER 1314120
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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)
12/24/2008	Maxine Sonnenburg 1033 Carol Drive West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-employed	200	200	200
12/25/2008	Vonny Sklar 445 Westbourne Drive West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Self-employed	100	100	100
12/29/2008	Manny Rodriquez 8937 Dorrington Ave. West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Television Production Self-employed	500	500	500
		<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 \$				800		

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>07/01/2008</u> through <u>12/31/2008</u>	CALIFORNIA FORM 460
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NAME OF FILER

Lauren Meister for City Council

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

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| L candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FD fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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

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

SUBTOTAL \$

Schedule E Summary

. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>0</u>
. Unitemized payments made this period of under \$100	\$	<u>36.43</u>
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>36.43</u>