

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

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COVER PAGE

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 09 FEB 18 AM 11:31 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 460
Page <u>1</u> of <u>14</u>	
For Official Use Only	

Statement covers period
from 01/18/2009
through 02/14/2009

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 checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input 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
West Hollywood	CA	90048	310 659 3379

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
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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
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eisenberg@earthlink.net

OPTIONAL: FAX / E-MAIL ADDRESS

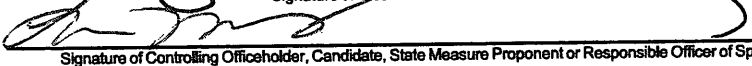
Verification

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 02/18/2009
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on 02/18/2009
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

Page 2 of 14

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Lauren Meister
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Councilmember, West Hollywood
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
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.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, 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
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.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose checkboxes.

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>01/18/2009</u>	CALIFORNIA FORM 460
through <u>02/14/2009</u>	
Page <u>3</u> of <u>14</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>7,314</u>	\$ <u>10,762</u>
Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>7,314</u>	\$ <u>10,762</u>
Nonmonetary Contributions Schedule C, Line 3	<u>1,000</u>	<u>1,000</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>8,314</u>	\$ <u>11,762</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made Schedule E, Line 4	\$ <u>4,960</u>	\$ <u>6,464</u>
Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4,960</u>	\$ <u>6,464</u>
Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
20. Nonmonetary Adjustment Schedule C, Line 3	<u>1,000</u>	<u>1,000</u>
21. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5,960</u>	\$ <u>7,464</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>5,228</u>
3. Cash Receipts Column A, Line 3 above	<u>7,314</u>
4. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
5. Cash Payments Column A, Line 8 above	<u>4,960</u>
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7,582</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.

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ _____
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/18/2009</u> through <u>02/14/2009</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>14</u>

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)
11/19/2009	Jay Jasper 9015 Ashcroft 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	Retired None	500	500	500
11/19/2009	Dimitri Samaha 8228 West Sunset Blvd. 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	Developer 623 La Peer, LLC	500	500	500
11/19/2009	Steve Martin 812 N. Huntley 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	250	250	250
11/19/2009	Stuart Denenberg 417 N. San Vicente Blvd. 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	Art Dealers Denenberg Fine Arts	250	250	250
11/19/2009	Michael Levine 338 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	Talent Manager Levine Mgmt	250	250	250
SUBTOTAL \$				1,750		

Schedule A Summary

Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,450

Amount received this period – unitemized monetary contributions of less than \$100 \$ 864

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,314

*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>01/18/2009</u> through <u>02/14/2009</u>		CALIFORNIA FORM 460
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)
01/19/2009	Douglas Bernard 8759 Rosewood Avenue 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	Engineer Jet Propulsion Lab	200	200	200
01/19/2009	Joel Becker 8747 Ashcroft 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	Instructor Cognitive Behavior Therapy Inst.	150	150	150
01/19/2009	Joseph M. Clapsaddle 1013 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	Auto Sales Hornburg	150	150	150
01/19/2009	Jean Mathison 8570 Holloway 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	Retired None	100	100	100
01/19/2009	Roy Oldenkamp 1336 N. Laurel Avenue 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	Film Marketing Buddha Jones	100	100	100
SUBTOTAL \$				700		

*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		CALIFORNIA FORM 460
from	01/18/2009	
through	02/14/2009	Page <u>6</u> of <u>14</u>

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)
01/19/2009	Michael Mooney 531 Westmount Dr. 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	Medical Research Grapplin Corporation	100	100	100
01/19/2009	Nina Parkinson 9014 Ashcroft 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	Retired None	100	100	100
01/19/2009	Michael Poles 1202 Greenacre 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	Construction Consultant MPGroup	100	100	100
01/19/2009	Richard Blons 8745 Dorrington Avenue 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	Retired None	100	100	100
01/19/2009	Maya Edwards 336 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	Surgical Coordinator John J. Regan, MD	100	100	100
SUBTOTAL \$				500		

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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		CALIFORNIA FORM 460
from	01/18/2009	
through	02/14/2009	Page <u>7</u> of <u>14</u>

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)
01/19/2009	Michael Meraz 336 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	Business Owner Magnum Properties	100	100	100
01/19/2009	Jeanne Dobrin 9000 Cynthia St. 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	Retired None	100	100	100
01/19/2009	Victor Omelczenko 1246 N. Laurel, Apt. G 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	Media Relations IRS	100	100	100
01/19/2009	Edward Kim 8225 Sunset 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	Management Myagi's	100	100	100
01/19/2009	Donald Williams 8106 Norton 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 None	100	100	100
SUBTOTAL \$				500		

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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		CALIFORNIA FORM 460
from	01/18/2009	
through	02/14/2009	Page <u>8</u> of <u>14</u>

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)
01/19/2009	Marty Meister 337 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	Retired None	100	100	100
01/22/2009	Ronald D. Morrison 408 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	Retired None	100	100	100
01/23/2009	Mike Seropian 13739 Chandler Blvd. Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner MLS Assisted Living LLC	200	200	200
01/25/2009	Patrick Shandrick 9002 Rangely 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	Marketing Chrysalis	200	200	200
01/26/2009	Ellyn and Erik Lerner 8711 Ashcroft 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	Educator / Architect CSUN / Self-employed	100	100	100
SUBTOTAL \$				700		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

**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		CALIFORNIA FORM 460
from	01/18/2009	
through	02/14/2009	Page <u>9</u> of <u>14</u>

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)
01/28/2009	Jeanne Dobrin 9000 Cynthia Street, #400 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	Retired None	200	300	300
01/30/2009	Brittany Perrineau 305 S. Beverly Drive Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	200	200	200
01/31/2009	Greg and Vonnie 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	Investment Business / Accounting Self-employed / Self-empl	200	200	300
01/31/2009	Midge Barnett 8833 Rangely Avenue 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	International Film Distributor	100	100	100
01/31/2009	Kevin Schaeffer 8751 Bonner 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	Director, Mastering Walt Disney Pictures	100	100	100
SUBTOTAL \$				800		

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 SCC – Small Contributor Committee

**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>01/18/2009</u> through <u>02/14/2009</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)
01/31/2009	Paul Farina 428 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	VP, Financial Planning Green Dot Corp.	100	100	100
02/01/2009	Deloris Luckman 1012 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	Retired None	200	200	200
02/05/2009	Jeanne Dobrin 9000 Cynthia Street, #400 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	Retired None	200	500	500
02/11/2009	Bernard Vyzga 722 Westbourne 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	Art Director Self-employed	200	200	200
02/12/2009	Dennis Clark 8742 Bonner Dr. 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	Business Consultant Dennis Clark Consulting	250	250	250
SUBTOTAL \$				950		

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 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>01/18/2009</u> through <u>02/14/2009</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>14</u>
I.D. NUMBER 1314120	

NAME OF FILER
Lauren Meister for City Council

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)
02/06/2009	G. Daniel Siegel PO Box 691460 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	Real Estate Agent Keller Williams Realty	550	550	550
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				550		

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period
from 01/18/2009
through 02/14/2009

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
PAGE 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1/19/2009	Guy's Bar/Jerry's Famous Deli 8713 Beverly Blvd. West Hollywood, CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Event Costs	1,000	1,000	1,000
		<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 \$	1,000	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,000

Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0

Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 1,000

*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.

Statement covers period		CALIFORNIA FORM 460	
from	01/18/2009	Page	13 of 14
through	02/14/2009	I.D. NUMBER	1314120

SEE INSTRUCTIONS ON REVERSE

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 |
| ND 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
Kelly Paper 344 North La Brea Hollywood, CA 90038	OFC	Paper supplies and envelopes	101.32
NeHo Copy Center 3730 Santa Monica Blvd. West Hollywood, CA 90069	LIT	Printing/campaign materials	442.16
Capital Promotions PO Box 231 Glenside, PA 19038	CMP	Signs	328

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

SUBTOTAL \$ 871.48

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4,653.48
Unitemized payments made this period of under \$100	\$ 306.07
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4,959.55

**Schedule E
Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	01/18/2009	
through	02/14/2009	Page <u>14</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
Lauren Meister for City Council		1314120

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MODES: 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 |
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| 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
Democratic Voters Choice 728 W. Edna Place Covina, CA 91722	LIT		Mailer	462
California Voter Guide 1954 W. Carson Street, Suite B Torrance, CA 90501	LIT		Mailer	150
NeHoNews.com 1050 N. Laurel Ave., #04 West Hollywood, CA 90046	WEB		Online advertising	550
American Direct Mail 308 N. Hollywood Way Burbank, CA 91505	LIT		Mailer	2,620

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

SUBTOTAL \$ 3,782