

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED CITY OF WEST HOLLYWOOD 10 JAN 21 PM 5:22 OFFICE OF THE CITY CLERK CALIFORNIA FORM 460 Page 1 of 12

Statement covers period from 7-1-09 through 12-31-09 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 (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement (checked)
Termination Statement
Amendment
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)

West Hollywood Councilmember Jeffrey Prang
2009 OFF. HOLDER ACCOUNT

STREET ADDRESS (NO P.O. BOX)

7985 Santa Monica Bl #590
West Hollywood CA 90046 323-654-8433

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO 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
West Hollywood CA 90046 323-656-8231

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-17-10 Date

Executed on 1-17-10 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	<b>460</b>
Page <u>2</u> of <u>12</u>	

1D # 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	ID. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 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 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT N/A

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

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>7-1-09</u>	CALIFORNIA FORM <b>460</b>
through <u>12-31-09</u>	
Page <u>3</u> of <u>12</u>	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
West Hollywood Council Member Jeffrey Prang 2009 Officeholder Account

**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>1000.00</u>	\$ <u>42637.00</u>
2. Loans Received ... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ... Add Lines 1 + 2	\$ <u>1000.00</u>	\$ <u>42637.00</u>
4. Nonmonetary Contributions ... Schedule C, Line 3	\$ <u>0</u>	\$ <u>500.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ... Add Lines 3 + 4	\$ <u>1000.00</u>	\$ <u>43137.00</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>0</u>	

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
8. Payments Made ... Schedule E, Line 4	\$ <u>20679.95</u>	\$ <u>110188.71</u>
7. Loans Made ... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ... Add Lines 6 + 7	\$ <u>20679.95</u>	\$ <u>110188.71</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>500.00</u>
11. TOTAL EXPENDITURES MADE ... Add Lines 8 + 9 + 10	\$ <u>20679.95</u>	\$ <u>110688.71</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>1/1</u>	\$ <u>N/A</u>
	<u>1/1</u>	\$ <u>0</u>

**Current Cash Statement**

12. Beginning Cash Balance ... Previous Summary Page, Line 16	\$ <u>29663.30</u>
13. Cash Receipts ... Column A, Line 3 above	\$ <u>1000.00</u>
14. Miscellaneous Increases to Cash ... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ... Column A, Line 8 above	\$ <u>20679.95</u>
16. ENDING CASH BALANCE ... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9983.35</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  
from 7-1-09  
through 12-31-09

CALIFORNIA FORM **460**  
Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
West Hollywood Councilmember Jeffrey Prang 2009 Officeholder Account

ID NUMBER  
970426

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)
7-10-09	SKYE Partners Studios, Inc. 1041 N Formosa Ave. West Hollywood, CA 90046	<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 note: 3-3-09 Election
		<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 \$ 1000.00

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1000.00

\*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		CALIFORNIA FORM <b>460</b>	
from	<u>7-1-09</u>	Page	<u>5</u> of <u>12</u>
through	<u>12-31-09</u>	ID NUMBER	<u>970426</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Councilmember Jeffrey Prang<sup>2009</sup> Officeholder Account

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)
12-9-09	Los Angeles County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		126.00	226.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12-20-09	John Perez for Assembly 2010	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1000.00	1000.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12-9-09	Weho Dems	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	1649.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 1226.00

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals) ..... \$ 4051.00
- 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 \$ 4256.00

**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.

Statement covers period  
from 7-1-09  
through 12-31-09

SCHEDULE D (CONT)

CALIFORNIA FORM **460**

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NAME OF FILER

West Hollywood Councilmember Jeffrey Prang<sup>2009</sup> Officeholder Account

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)
9/15/09	Fran Pavley for state senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		125.00	125.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/15/09	Action Democrats / SFV	<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					
8/24/09	Democrats for Israel	<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					
8/12/09	Svonkin for Community College Board	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		2000.00	2000.00	N/A
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>2375.00</b>		

**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>7-1-09</u> through <u>12-31-09</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <u>West Hollywood Council member Jeffrey Prang<sup>2009</sup> Officeholder Account</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)
<u>7-20-09</u>	<u>Equality California</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>350.00</u>	<u>350.00</u>	<u>N/A</u>
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<u>12-20-09</u>	<u>Democratic Foundation of Orange County</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>100.00</u>	<u>100.00</u>	<u>N/A</u>
	<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					
				<b>SUBTOTAL \$</b> <u>450.00</u>		

**Schedule E  
Payments Made**

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

Statement covers period  
from 7-1-09  
through 12-31-09

SCHEDULE E  
CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Councilmember Jeffrey Prang <sup>2009</sup> Officeholder Account

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	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
Simple Send 332 So. Grand Ave #2500 Los Angeles, CA 90071	WEB		1000.00
Weho Mail 7985 Santa Monica Blvd #109 West Hollywood, CA 90046	OFC		162.00
Studio Learning Group, LLC - The Lot 1041 N Formosa Avenue West Hollywood, CA 90046	RFD		1000.00

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

SUBTOTAL \$ 2162.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>20474.95</u>
2. Unitemized payments made this period of under \$100	\$ <u>205.00</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>20679.95</u>



**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>7-1-09</u> through <u>12-31-09</u>	CALIFORNIA FORM <b>460</b>
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	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

West Hollywood Councilmember Jeffrey Prang<sup>2009</sup> Officeholder Account

**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
SVONKIA For Community Colleges Board 2011 1005 Las Tunas Drive #214 San Gabriel, CA 91776	CTB		2000 00
Michael Hainoch 851 N. Kings Rd #207 West Hollywood, CA 90069	OFC		251.28
Equality California 5777 W Century Blvd. #880 Los Angeles, CA 90045 ID#1254010	CTB		350 00
Operation USA 3617 Hayden Avenue, Suite A Calver City, CA 90232	CVC		1000 00
West Hollywood Library Fund PO Box 46636 West Hollywood, CA 90046	CVC		2500 00

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

SUBTOTAL \$ 6101.28

**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>7-1-09</u> through <u>12-31-09</u>	CALIFORNIA FORM <b>460</b>
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	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

West Hollywood Council member Jeffrey Prang 2009 Officeholder Account

**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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Perez for Assembly 2010 777 S. Figueroa Street #4050 Los Angeles, CA 90017 FPPC ID#1314080	CTB		1000 00
Jeffrey Prang 1230 N. Sweetzen Ave #107 West Hollywood, CA 90069	TRC WEB		857 60 1071 40
Fran Pavley for State Senate 2010 1531 Purdue Avenue Los Angeles, CA 90025 ID#1314513	CTB		125.00
Action Democrats / SFV 14843 Huston Street Sherman Oaks, CA 91403 ID#922441	CTB		100.00
Democratic Foundation of OC PO Box 26708 Santa Ana, CA 92799 ID#830453	CTB		100.00

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

**SUBTOTAL \$ 3254 00**

**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>7-1-09</u> through <u>12-31-09</u>	<b>CALIFORNIA FORM 460</b>
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	ID NUMBER <u>970426</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

West Hollywood Council member Jeffrey Prang<sup>2009</sup> Officeholder Account

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

CMP campaign paraphernalia/misc.	MER 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	FET petition circulating	TEL tv or cable airtime and production costs
FL candidate filing/ballot fees	FHD phone banks	TRC candidate travel, lodging, and meals
RND 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	FRT 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
Fairfax High School - Band 7850 Melrose Ave Los Angeles, CA 90046	CVC		6000 00
Weho Dems PO Box 691572 West Hollywood, CA 90069 ID # 850089	CTB		100 00
Congregation No: Ami 1200 N La Brea Ave. West Hollywood, CA 90038	CVC		581 67
Los Angeles Democratic Party 3550 Wilshire Bl. #1203 Los Angeles, CA 90010 ID # 744554	CTB		126 00
Democrats For Israel PO Box 67002 Los Angeles, CA 90067 FEC # C0042957	CTB		150.00

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

**SUBTOTAL \$ 6957 67**

**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>7-1-09</u> through <u>12-31-09</u>	CALIFORNIA FORM <b>460</b> Page <u>12</u> of <u>12</u> ID NUMBER <u>970426</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

West Hollywood Council Member Jeffrey Prang<sup>2009</sup> Officeholder Account

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

- |   |   |   |
|---|---|---|
| OMP 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                |
| FL 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
The Wall Las Memorias 111 North Avenue 56 Los Angeles, CA 90042	CVC		1000 00
NCSW/LA - National Journal Jewish Women 543 N. Fairview Avenue Los Angeles, CA 90036	CVC		500.00
PATIA - People Assisting the Homeless 340 N Madison Avenue Los Angeles, CA 90004	CVC		500.00

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

SUBTOTAL \$ 2000 00