

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

DATE RECEIVED
CITY OF WEST HOLLYWOOD
11 JUL 21 PM 5:56
OFFICE OF THE CITY CLERK

Page 1 of 6
For Official Use Only

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

Statement covers period
from 1-1-11
through 6-30-11

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
 - General Purpose Committee
 - Sponsoring
 - 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
 - Termination Statement
 - 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)
West Hollywood Councilmember Jeffrey Prang

2009 officeholder account

STREET ADDRESS (NO P.O. BOX)
7985 Santa Monica Bl #590

CITY West Hollywood STATE CA ZIP CODE 90046 AREA CODE/PHONE 323-654-8433

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

Treasurer(s)

NAME OF TREASURER
Esther Baum

MAILING ADDRESS
1265 N. Harper Ave #9

CITY West Hollywood STATE CA ZIP CODE 90046 AREA CODE/PHONE 323-656-8231

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-15-11 Date
By Esther Baum Signature of Treasurer or Assistant Treasurer

Executed on 7-15-11 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.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 5

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 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
Jeffrey Prang for Assembly 2012 1334115
 NAME OF TREASURER CONTROLLED COMMITTEE?
Jan Wasson YES NO
 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
419 N. Larchmont Blvd #37
 CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90004 323-465-9655

COMMITTEE NAME I.D. NUMBER
N/A
 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.
N/A
 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<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

CALIFORNIA FORM **460**

Statement covers period

from 1-1-11
through 6-30-11

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Hollywood Council Member Jeffrey Prang 2009 officeholder Account

I.D. NUMBER

970426

Contributions Received

Column A

TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B

CALENDAR YEAR
TOTAL TO DATE

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	<u>3236.66</u>
7. Loans Made	Schedule H, Line 3	\$	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	<u>3236.66</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	<u>3236.66</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	<u>4339.64</u>
13. Cash Receipts	Column A, Line 3 above	\$	<u>0</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	<u>3236.66</u>
15. Cash Payments	Column A, Line 8 above	\$	<u>1102.98</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$

0

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>

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>

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>	\$

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

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

SCHEDULED

Statement covers period
 from 1-1-11
 through 6-30-11

CALIFORNIA **460**
 FORM

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER West Hollywood Council Member Jeffrey Prang 2009 Officeholder Account 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)
3-28-11	SFYD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	N/A
5-16-11	"ALADS" <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	N/A
SUBTOTAL \$				400.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 400.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 165.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 565.00

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

Statement covers period
from 1-1-11
through 6-30-11

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

West Hollywood Councilmember Jeffrey Prang 2009 Officeholder Account 970426

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

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
SFVYD 860 S. Wooster # 203 LA 90035	CTB			250.00
ALADS 919 Fremont Ave #328 Alhambra, CA 91803	CTB			150.00
Wetho Mail 7985 Santa Monica Bl. # 109 Wetho 90046	OFC			108.00
SUBTOTAL \$				508.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3071.66
2. Unitemized payments made this period of under \$100 \$ 165.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3236.66

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

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

SCHEDULE E (CONT.)

**CALIFORNIA 460
FORM**

Statement covers period
from 1-1-11
through 6-30-11

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

West Hollywood Councilmember Jeffrey Prang 2009 Officeholder Account I.D. 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 |
| 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 |
| 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 333 S. Grand Ave #2500 LA 90071	1-6-11 4-4-11		WEB	600.00
Jeffrey Prang 1230 N. Sweetzer Ave #107 WeHo 90069	5-7-11 5-7-11 1-26-11		OFC TRC MTG	576.00 617.66 550.00
MiMe Haibach 851 N. Kings Rd. #207 WeHo 90069	2-21-11		POS	220.00

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

SUBTOTAL \$ 2,563.66