Statement of Organization Recipient Committee		1	Time or	print in ink			STATEMENT OF ORGANIZATION				
			type of print in aix				Date Stamp		CALI	FORNIA ORM	410
Statement Type	☐ Initial Not yet qualified ☐ c	r	Amendm List I.D. number:	ent	☐ Ter	mination – See Part 5 number:	Receive	Clevki	<u> </u>	For Official Use	e Only
			# 970426 02 . 10	. 98	#		at 10	e 9/3	~!		
	Date qualified as co	ommittee	Date qualified a		Date	of Termination	c	- کر			
1. Committee	Information					2. Treasurer and O	ther Princi	pal Offi	cers		
NAME OF COMMITT	FEE For City Council 2	013				NAME OF TREASURER Esther Baum STREET ADDRESS (NO P.O.	BOX)				
STREET ADDRESS						1265 N. Harper Ave.	#9	STATE	ZIP CODE		CODE/PHONE
7985 Santa M	onica Blvd. #590	STATE	717 0075	1071000		West Hollywood NAME OF ASSISTANT TREAS	SUPED IE ANV	CA	90046	323-65	6-8231
West Hollywoo		CA	2IP CODE 90046	323-654-8		Donna Saur STREET ADDRESS (NO P.O.					
MAILING ADDRESS	(IF DIFFERENT)					1024 1/2 N. Gardner		STATE	ZIP CODE	AREA	CODE/PHONE
OPTIONAL: FAX/E	-MAIL ADDRESS					West Hollywood	ER(S)	CA	90046		76-0453
COUNTY OF DOMIC	ILE .	COUNTY WHER THAN COUNTY	E COMMITTEE IS. OF DOMICILE	ACTIVE IF DIFFER	RENT	STREET ADDRESS (NO P.O.					
Los Angeles						CITY		STATE			
Attach additional in	nformation on appropri	ately labeled c	ontinuation sheet	S.		CITY.		SIAIE	ZIP CODE	AREA	CODE/PHONE
3. Verification I have used all reperjury under the	easonable diligence e laws of the State o 9-19-11	in preparing f California th	this statement a	and to the best g is true and co	of my know	ledge the information cont	ained herein is	true and c	omplete. I cert	ify under p	enalty of
Executed on	DATE 9-19-11 DATE			Ву		SIGNATURE OF CONTROLLING O	F THEASURER OR A				
Executed on	DATE	<u> </u>		Ву							
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING O	•				
							, , , , , , , , , , , , , , , , , , ,	ハレヘル しんろし	へっと かにんうひれた どだひ	-UNENT	

FPPC Form 410 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee	STATEMENT OF ORGANIZATION				
•		FORM 410			
INSTRUCTIONS ON REVERSE					
COMMITTEE NAME				I.D. NUMBER	
Jeffrey Prang For City Council 2013				970426	
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure proponent. If candidate	e or officeholder controlled	, also list the elective o	ffice sought or held, and	
 List the political party with which each officeholder or candidate is 	affiliated or check "non-partisan.	3			
 If this committee acts jointly with another controlled committee, list 	t the name and identification num	ber of the other controlled	committee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SO (INCLUDE DISTRICT NUM		YEAR OF ELECTION	PARTY	
Councilmember Jeffrey Prang	West Hollywood City Counc	il .	2013	Non-Partisan ■ Non-Partisan Non-Partisan ■ Non-Partisan Non-Partisan	
				☐ Non-Partisan	
List the financial institution where the campaign bank account is lo	cated (controlled "candidate elec	tion" committees only)			
	sociod (controlled controlled colec	don committees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	NUMBER		
US Bank	1-800-673-3555	1-549-004	5-7578		
ADDRESS	CITY	STATE	ZIP CODE		
157 N. Larchmont Blvd.	Los Angeles	CA	90004		
		,			
Primarily Formed Committee Primarily formed to support or oppose	specific candidates or measures in a	a single election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OF	CANDIDATE(S)	OFFICE SOUGHT OR HELD OR I	MEASURE(S) JURISDICTION	N	
	(INCLUDI	E DISTRICT NO., CITY OR COUN	ITT, AS APPLICABLE)	CHECK ONE SUPPORT OPPOSE	

SUPPORT

OPPOSE

Statement of Organization	STATEMENT OF ORGANIZATION
Recipient Committee	CALIFORNIA 410
INSTRUCTIONS ON REVERSE	
СОММІТТЕЕ NAME Jeffrey Prang For City Council 2013	Page 3 1.D. NUMBER 970426
4. Type of Committee (Continued)	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check on CITY Committee CITY Committee COUNTY Committee STATE Committee	nly one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSO	OR
STREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE
Small Contributor Committee Date qualified	

- **5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - · This committee does not anticipate receiving contributions or making expenditures in the future;
 - · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.