

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED Date Stamp CITY OF WEST HOLLYWOOD JUN 30 AM 9:42 OFFICE OF THE CITY CLERK

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

Statement covers period from 02/15/2009 through 06/30/2009

Date of election if applicable 03/03/2009

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
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
Quarterly Statement
Semi-annual Statement
Special Odd-Year Report
Termination Statement
Supplemental Preelection Statement - Attach Form 495
Amendment (Explain below)

3. Committee Information

ID 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

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

eisenberg@earthlink.net

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 06/30/2009 Date

Executed on 06/30/2009 Date

Executed on Date

Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] 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 460**

Page 2 of 9

**5. 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.*

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

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>02/15/2009</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>	
Page <u>3</u> of <u>9</u>	ID NUMBER <u>1314120</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lauren Meister for City Council

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ <u>4,423</u>	\$ <u>15,185</u>
2. Loans Received . . . . . Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1 + 2	\$ <u>4,423</u>	\$ <u>15,185</u>
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	<u>230</u>	<u>1,230</u>
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ <u>4,653</u>	\$ <u>16,415</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 \$ \_\_\_\_\_ \$ \_\_\_\_\_

<b>Expenditures Made</b>		
6 Payments Made . . . . . Schedule E, Line 4	\$ <u>10,830</u>	\$ <u>17,294</u>
7 Loans Made . . . . . Schedule H, Line 3	<u>0</u>	<u>0</u>
8 SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ <u>10,830</u>	\$ <u>17,294</u>
9 Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3	<u>230</u>	<u>1,230</u>
10. Nonmonetary Adjustment . . . . . Schedule C, Line 3	<u>230</u>	<u>1,230</u>
11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8 + 9 + 10	\$ <u>11,060</u>	\$ <u>18,524</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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

<b>Current Cash Statement</b>	
12 Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ <u>7,582</u>
13 Cash Receipts . . . . . Column A, Line 3 above	<u>4,423</u>
14 Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	<u>10,830</u>
15. Cash Payments . . . . . Column A, Line 8 above	<u>1,175</u>
16. ENDING CASH BALANCE . . . . . Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,175</u>

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

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)

17. LOAN GUARANTEES RECEIVED . . . . . Schedule B, Part 2	\$ _____
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<b>Cash Equivalents and Outstanding Debts</b>	
18 Cash Equivalents . . . . . See instructions on reverse	\$ _____
19 Outstanding Debts . . . . . Add Line 2 + Line 9 in Column B above	\$ _____

\*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>02/15/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>9</u>		
NAME OF FILER <b>Lauren Meister for City Council</b>		ID NUMBER <b>1314120</b>

SEE INSTRUCTIONS ON REVERSE

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)
2/18/2009	John F LeBouef and Mark Krajewski P O Box 69618 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	Investors Self-employed	500	500	500
2/20/2009	Howard Cohen 378 Huntley 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	Film Distribution Roadside Attractions	500	500	500
2/20/2009	Eric D'Arbeloff 378 Huntley Dr West Hollywood, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Distribution Roadside Attractions	1000	1000	1000
2/20/2009	California Real Estate PAC #890106 525 S. Virgil Avenue West Hollywood, CA 90048	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	1000	1000	1000
2/22/2009	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	500	500
<b>SUBTOTAL \$</b>				<b>3,250</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals ) .. .. .	\$ <u>4,050</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .. .. .	\$ <u>373</u>
3. Total monetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1 ) .. .. .	<b>TOTAL \$ <u>4,423</u></b>

\*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 <b>460</b>
from	02/15/2009	
through	06/30/2009	Page <u>5</u> of <u>9</u>
NAME OF FILER		ID NUMBER
Lauren Meister for City Council		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)
2/23/2009	Robert Colangelo 460 Westmount 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	Real Estate US Army	150	150	150
2/23/2009	Catherine Hahn 416 N Oakhurst Dr., #304 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	Advertising Self-employed/Freelance	250	300	300
2/26/2009	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	200	200
2/28/2009	NWPC-LA Westside PAC #801942 P O Box 241647 Los Angeles CA 90024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	150	150	150
2/20/2009	Bradford Crowe 313 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	150	150	150
<b>SUBTOTAL \$</b>				<b>800</b>		

\*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 <u>02/15/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lauren Meister for City Council

ID NUMBER

1314120

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2009	Tashmans 7769 Santa Monica Blvd. 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		Ad in Beverly Press	230	230	230
		<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					

Attach additional information on appropriately labeled continuation sheets

**SUBTOTAL \$ 230**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions (Include all Schedule C subtotals.) .....	\$	230
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	0
3. Total nonmonetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	<b>TOTAL \$</b>	<b>230</b>

\*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 <b>460</b>
from	02/15/2009	
through	06/30/2009	Page <u>7</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lauren Meister for City Council

ID NUMBER

1314120

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

<b>CVP</b> campaign paraphernalia/misc	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WeHo Copy Center 8730 Santa Monica Blvd West Hollywood, CA 90069	LIT	Printing/Campaign materials	102 83
Frontiers Media LLC 5657 Wilshire Blvd, Ste 500 Los Angeles, CA 90036	PRT	Ad	754
American Direct Mail 908 N Hollywood Way Burbank, CA 91505	LIT	Mailer	3,119 35

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

**SUBTOTAL \$ 3976 18**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	10,807 51
2. Unitemized payments made this period of under \$100 .....	\$	22 29
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3 Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<b>10,829 80</b>

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

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

Statement covers period from <u>02/15/2009</u> through <u>06/15/2009</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Lauren Meister for City Council

ID NUMBER  
1314120

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Russian Media Group One Bridge Plaza North, Ste. 145 Fort Lee, NJ 07024	TEL		TV ad	1,125.00
Campaign LA 17211 S Broadway St Gardena, CA 90248	LIT		Mailer	3,529 00
WeHoNews.com 1050 N. Laurel Ave , #04 West Hollywood, CA 90046	WEB		Online advertising	200
Political Data, Inc P O. Box 1706 Burbank, CA 91505	LIT		Voter data/mailling lists	167 24
Janet Cole 9026 Rangely West Hollywood, CA 90048	PHO		Data Entry	165

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

**SUBTOTAL \$ 5,186.24**



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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2009	
through	06/30/2009	Page <u>9</u> of <u>9</u>
NAME OF FILER		ID NUMBER
Lauren Meister for City Council		1314120

SEE INSTRUCTIONS ON REVERSE

**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
Manny Rodriguez 8937 Dorrington West Hollywood, CA 90048	OTH	Reimbursement - Event Costs	319 54
Staples 5425 Wilshire LA, CA 90036	OFC	Office Supplies	143 49
American Direct Mail 908 N. Hollywood Way Burbank, CA 91505	LIT	Mailer	1,182 06

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

**SUBTOTAL \$ 1,645.09**