**Recipient Committee**

**Campaign Statement**

**Cover Page**

(Government Code Sections 84200-84216.5)

---

### Statement covers period

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2008</td>
<td>12/31/2008</td>
</tr>
</tbody>
</table>

### Date of election if applicable:

| Month, Day, Year | 03/03/2009 |

---

### Type of Recipient Committee:

- [ ] Offesholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officerholder Committee (Also Complete Part 7)

### Type of Statement:

- [ ] Pre-election Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Pre-election Statement - Attach Form 495

---

### 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**

West Hollywood

**STATE**

CA

**ZIP CODE**

90048

**AREA CODE/PHONE**

310 659 3379

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

P.O. Box 691786 West Hollywood CA 90069

**CITY**

West Hollywood

**STATE**

CA

**ZIP CODE**

90069

**AREA CODE/PHONE**

310 657 6190

**Treasurer(s):**

**NAME OF TREASURER**

Elyse Debra Eisenberg

**MAILING ADDRESS**

1230 Horn Avenue #526 West Hollywood CA 90069 310 657 6190

**CITY**

West Hollywood

**STATE**

CA

**ZIP CODE**

90069

**AREA CODE/PHONE**

310 657 6190

**NAME OF ASSISTANT TREASURER, IF ANY**

**MAILING ADDRESS**

**CITY**

West Hollywood

**STATE**

CA

**ZIP CODE**

90069

**AREA CODE/PHONE**

310 657 6190

**E-mail**

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**

01/22/2009

**Signature of Treasurer or Assistant Treasurer:**

By

**Date**

**Executed on**

1/26/2009

**Signature of Controlling Offiholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor:**

By

**Executed on**

**Signature of Controlling Officerholder, Candidate, State Measure Proponent:**

By

**Executed on**

**Signature of Controlling Officerholder, Candidate, State Measure Proponent:**

By
## 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)**

337 Westbourne West Hollywood CA 90048

**CITY**

**STATE**

**ZIP**

---

## 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**

**NAME OF TREASURER**

**CONTROLLED COMMITTEE?**

**YES**

**NO**

**COMMITTEE ADDRESS**

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

---

## 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.

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

---

## 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**

**SUPPORT**

**OPPOSE**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

---

*Attach continuation sheets if necessary*
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3 $3620</td>
<td>$3620</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3 0</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>Add Lines 1 + 2 $3620</td>
<td>$3620</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3 0</td>
<td>0</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>Add Lines 3 + 4 $3620</td>
<td>$3620</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4 $36</td>
<td>$36</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3 0</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>Add Lines 5 + 7 $36</td>
<td>$36</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3 0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3 0</td>
<td>0</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>Add Lines 8 + 9 + 10 $36</td>
<td>$36</td>
</tr>
</tbody>
</table>

### Current Cash Statement

2. Beginning Cash Balance

3. Cash Receipts

4. Miscellaneous Increases to Cash

5. Cash Payments

6. Ending Cash Balance

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

### Cash Equivalents and Outstanding Debts

8. Cash Equivalents

9. Outstanding Debts

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.*
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>Occupation and Employer</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/2008</td>
<td>Ed Buck 1234 N. Laurel Ave #17 West Hollywood, CA 90046</td>
<td>✓IND COM OTH PTY SCC</td>
<td>Retired</td>
<td>1000</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td>2/20/2008</td>
<td>Bruce Bealke 394 Huntley Drive West Hollywood, CA 90048</td>
<td>✓IND COM OTH PTY SCC</td>
<td>Chief Strategy Officer Brahma Holdings</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>2/20/2008</td>
<td>Jay Jacobson 414 Westbourne Drive West Hollywood, CA 90048</td>
<td>✓IND COM OTH PTY SCC</td>
<td>Artist Moving Sound Music</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>2/20/2008</td>
<td>Joaquin Navarro 506 West Knoll Drive West Hollywood, CA 90048</td>
<td>✓IND COM OTH PTY SCC</td>
<td>Set Designer NBC/Universal</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>12/2/2008</td>
<td>Debbie Meister 824 Sixth Street Santa Monica, CA 90403</td>
<td>✓IND COM OTH PTY SCC</td>
<td>Associate Manager Moir Borman Entertainment</td>
<td>1000</td>
<td>1000</td>
<td>1000</td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 2800**

**Schedule A Summary**

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .......................................................... $ 3600

Amount received this period – unitemized monetary contributions of less than $100 ........................................ $ 20

Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 3620

*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
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name</th>
<th>Street Address</th>
<th>Zip Code</th>
<th>Contributor Code</th>
<th>Occupation</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Election to Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/24/2008</td>
<td>Maxine Sonnenburg</td>
<td>1033 Carol Drive</td>
<td>90069</td>
<td>✓ IND</td>
<td>Attorney Self-employed</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>12/25/2008</td>
<td>Vonny Sklar</td>
<td>445 Westbourne Drive</td>
<td>90048</td>
<td>✓ IND</td>
<td>Accountant Self-employed</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>12/29/2008</td>
<td>Manny Rodriquez</td>
<td>8937 Dorrington Ave.</td>
<td>90048</td>
<td>✓ IND</td>
<td>Television Production Self-employed</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
</tbody>
</table>

**Subtotal**: $800
**Schedule E Payments Made**

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

Statement covers period from 07/01/2008 through 12/31/2008

<table>
<thead>
<tr>
<th>CODES:</th>
<th>If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>NS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>TB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>VC</td>
<td>civic donations</td>
</tr>
<tr>
<td>L</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>ND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>D</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>EG</td>
<td>legal defense</td>
</tr>
<tr>
<td>T</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

*(IF COMMITTEE, ALSO ENTER I.D. NUMBER)*

<table>
<thead>
<tr>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 0
- Unitemized payments made this period of under $100 ......................................................................................................... $ 36.43
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..................................... $ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)................... TOTAL $ 36.43

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (886/275-3772)