

Late Contribution Report

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

RECEIVED
CITY OF WEST HOLLYWOOD LATE CONTRIBUTION REPORT

NAME OF FILER ED BUCK FOR COUNCIL		Date of This Filing <u>Feb 15 07</u>	Date Stamp FEB 15 PM 4:00	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 323 848-9881	I.D. NUMBER (if applicable) 1292718	Report No. <u>4</u> OFFICE OF THE CITY CLERK		
STREET ADDRESS 1234 N. LAUREL AVE. # 17		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY WEST HOLLYWOOD	STATE CA	ZIP CODE 90046	No. of Pages <u>1</u>	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
Feb 15	Claire O'CONNOR 11075 SM BLVD LA, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-emp Actress	\$1,000 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other (e.g., business entity)	

Reason for Amendment: _____