

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Duran For City Council		Date of This Filing <u>02/27/2009</u>	RECEIVED CITY OF WEST HOLLYWOOD Date Stamp 09 MAR -2 AM 11:41 OFFICE OF THE CITY CLERK 1 / 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(818) 260-0669</u>	I.D. NUMBER (if applicable) <u>1236094</u>	Report No. <u>008</u>		
STREET ADDRESS <u>1212 S Victory Bl</u>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <u>Burbank</u>	STATE <u>CA</u>	ZIP CODE <u>91502</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
02/27/2009 	Wylie Aitken 3 Imperial Promenade Suite 800 Santa Ana CA 92707 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Aitken, Aitken & Cohn	1000 00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY	STATE	ZIP CODE	
		No. of Pages _____	2 / 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____