

497 Contribution Report

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

RECEIVED
CITY OF WEST HOLLYWOOD

CONTRIBUTION REPORT

Date Stamp
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CALIFORNIA FORM 497

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NAME OF FILER Neighbors for a Better West Hollywood		Date of This Filing 2/5/2015
AREA CODE/PHONE NUMBER (818) 486-6313	I.D. NUMBER (if applicable)	Report No. 001
STREET ADDRESS 505 Westmount Drive		<input type="checkbox"/> Amendment to Report No. (explain below) 1
CITY West Hollywood	STATE ZIP CODE CA 90048	
		No. of Pages 1

I. Contribution(s) Received

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
Feb 4, 2015	Ed Buck 1234 N. Laurel Ave., Apt. 17 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	Activist	\$2000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

****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

Reason for Amendment: _____