

# 497 Contribution Report

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

NAME OF FILER Wello United for John Heilman for City Council 2015		Date of This Filing 05/06/2015	Date Stamp	<b>497 CONTRIBUTION REPORT</b> <b>CALIFORNIA FORM 497</b> For Official Use Only RECEIVED CITY OF WEST HOLLYWOOD MAY -6 AM 10:05
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1376375	Report No. 5-6-15JH		
STREET ADDRESS 8899 Beverly Blvd.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY West Hollywood	STATE CA	ZIP CODE 90048		

## 1. 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
05/05/2015	E.T. Legg & Associates 11684 Ventura Blvd. Ste. 807 Studio City, CA 91604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00
		<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

Reason for Amendment: \_\_\_\_\_

\*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