

**Late Contribution Report**

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

NAME OF FILER <i>Committee to Elect John Heilman</i>		Date of This Filing <i>3/5/07</i>	<b>RECEIVED</b> Date Stamp CITY OF WEST HOLLYWOOD 07 MAR -5 AM 8:00 OFFICE OF THE CITY CLERK CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>310-657-0400</i>	I.D. NUMBER (if applicable) <i>841705</i>	Report No. _____	
STREET ADDRESS <i>1155 La Cienega #1202</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <i>West Hollywood, CA</i>	STATE <i>CA</i>	ZIP CODE <i>90069</i>	No. of Pages _____

**Late 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
<i>3/2/07</i>	<i>Shahla Sabzerou 447 S. Swall Dr. Beverly Hills, CA 90211</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Building Contractor Self Employed</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan
<i>3/2/07</i>	<i>Michael Sabzerou 447 S. Swall Dr. Beverly Hills, CA 90211</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Building Contractor Self Employed</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan
<i>3/2/07</i>	<i>Dr. David Zarian 4060 Alonzo Ave Encino, CA 91316</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Doctor Self Employed</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan

\*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: \_\_\_\_\_