

Late Contribution Report

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

RECEIVED

CITY OF WEST HOLLYWOOD DATE CONTRIBUTION REPORT

NAME OF FILER ED BUCK FOR COUNCIL		Date of This Filing <u>Feb 02-07</u>	Date Stamp 07 FEB -5 PM 12:38	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323 848-9881	I.D. NUMBER (if applicable) 1292718	Report No. <u>1</u>	OFFICE OF THE CITY CLERK	
STREET ADDRESS 1234 N. LAUREL AVE. # 17		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	
CITY WEST HOLLYWOOD	STATE CA	ZIP CODE 90046		

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
Feb 01	Bobby D. Raymond 10837 N 31 ST LN. PHX AZ 85029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Slingshot Trucking	\$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
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____