

Late Contribution Report

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

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LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
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OFFICE OF THE CITY CLERK

NAME OF FILER: *Friends of Sal Geronzi*

AREA CODE/PHONE NUMBER: *323-856-3997* I.D. NUMBER (if applicable): *900271*

STREET ADDRESS: *8220 W. North Ave #12*

CITY: *West Hollywood* STATE: *CA* ZIP CODE: *90046*

Date of This Filing: *2-9-07*

Report No.: *S3*

Amendment to Report No. _____ (explain below)

No. of Pages: *1*

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>2-9-07</i>	<i>West Knoll LLC 8356 Sunset Blvd. Los Angeles, CA 90069</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000.00</i> <input type="checkbox"/> Check if Loan
<i>2-9-07</i>	<i>Taxi Cooperative Inc DBA - Yellow Cab 2129 W. Rosecrans Ave GARDENA, CA 90240</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000.00</i> <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: _____