Recipient Committee  
Campaign Statement  
Cover Page  
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:  
☑ Officeholder, Candidate Controlled Committee 
☐ State Candidate Election Committee 
☐ Recall 
(Also Complete Part 5)

☐ General Purpose Committee 
☐ Sponsored 
☐ Small Contributor Committee 
☐ Political Party/Central Committee 

☐ Primarily Formed Ballot Measure Committee 
☐ Controlled 
☐ Sponsored 
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee 
(Also Complete Part 7)

2. Type of Statement:  
☑ Pre-election Statement 
☐ Semi-annual Statement 
☐ Termination Statement 
(Also file a Form 410 Termination) 
☑ Amendment (Explain below) 

Correct date from Feb 21 
Jan 21, 2007 - Feb 17 - Amend Amounts 

3. Committee Information  
I.D. NUMBER 1292718

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Buck for Council

STREET ADDRESS (NO P.O. BOX)  
1234 N. Laurel Ave. # 17

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90046 323 848-9881

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification  
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Feb 22, 07

By  
Signature of Treasurer or Assistant Treasurer

Executed on Feb 22, 07

By  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

By  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Ed Buck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th>West Hollywood City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</td>
<td>1234 N. Laurel Ave. # 17 West Hollywood CA 90046</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
### Campaign Disclosure Statement

#### Summary Page

**Contributions Received**

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 6,100 $ 11,500
2. Loans Received ....................................................... Schedule B, Line 3 $ 6,100 $ 11,500
3. SUBTOTAL CASH CONTRIBUTIONS ................................. Add Lines 1 + 2 $ 6,100 $ 11,500
4. Nonmonetary Contributions ......................................... Schedule C, Line 3 $ 6,100 $ 11,500
5. TOTAL CONTRIBUTIONS RECEIVED .............................. Add Lines 3 + 4 $ 6,100 $ 11,500

**Expenditures Made**

6. Payments Made ..................................................... Schedule E, Line 4 $ 8,007 $ 11,611
7. Loans Made .......................................................... Schedule H, Line 3 $ 8,007 $ 11,611
8. SUBTOTAL CASH PAYMENTS ....................................... Add Lines 6 + 7 $ 8,007 $ 11,611
9. Accrued Expenses (Unpaid Bills) ................................ Schedule F, Line 3 $ 8,007 $ 11,611
10. Nonmonetary Adjustment ........................................... Schedule C, Line 3 $ 8,007 $ 11,611
11. TOTAL EXPENDITURES MADE ..................................... Add Lines 8 + 9 + 10 $ 8,007 $ 11,611

**Current Cash Statement**

12. Beginning Cash Balance .......................................... Previous Summary Page, Line 16 $ 17,347 $ 6,100
13. Cash Receipts ....................................................... Column A, Line 3 above $ 6,100 $
14. Miscellaneous Increases to Cash ................................. Schedule I, Line 4 $ 8,007 $ 11,611
15. Cash Payments ...................................................... Column A, Line 8 above $ 8,007 $ 11,611
16. ENDING CASH BALANCE ........................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 15,440 $ 15,440

*If this is a termination statement, Line 16 must be zero.*

#### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* *(If Subject to Voluntary Expenditure Limit)*

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .............................................. See instructions on reverse $ $ 
19. Outstanding Debts ............................................. Add Line 2 + Line 9 in Column B above $ $
## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ................................................................. $ 6,100
2. Amount received this period – unitemized monetary contributions of less than $100 ................................................................. $
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 6,100

### Summary Details

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 21</td>
<td>Boxley, J 329 Wamp 7706 Norton Ave</td>
<td>COM</td>
<td>Self emp</td>
<td>1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 21</td>
<td>West Hollywood CA</td>
<td>PTY</td>
<td>Designer</td>
<td>1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 21</td>
<td>Welton Finley</td>
<td>PTY</td>
<td>Self emp</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov 20</td>
<td>Dorrian Hammerly 1274 N. Hayworth Dr.</td>
<td>PTY</td>
<td>TV Exec</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov 20</td>
<td>West Hollywood, CA 9004</td>
<td>PTY</td>
<td>CBS TV</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 14</td>
<td>Friends of Steve Martin 512 N. Hustly Dr.</td>
<td>COM</td>
<td>Runway mate</td>
<td>1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 14</td>
<td>Warren E. Kri                                  4000 Warner Bros. Burbank.</td>
<td>COM</td>
<td>Warren E. Kri</td>
<td>1,000</td>
<td></td>
<td></td>
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### Subtotals

<table>
<thead>
<tr>
<th>Subtotal</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>2,000</td>
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</table>

**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

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   
   (Include all Schedule A subtotals.) ................................................................. $

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............ TOTAL $
### Schedule A
Monetary Contributions Received

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

**Statement covers period**
from Jan 21, 2007
through Feb 21, 2007

**NAME OF FILER**
Ed Buck for Council

**I.D. NUMBER**
1292718

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 23</td>
<td>William Gould 7250 Franklin #205 LA, CA 90046</td>
<td>IND</td>
<td>Sales Capital Press</td>
<td>$200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan 23</td>
<td>Claudia Lonow 10600 Wilshire Blvd #210 LA CA 90024</td>
<td>IND</td>
<td>Writer Fox</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan 30</td>
<td>Michael Polos 600 Green Acre Ave West Hollywood CA 90046</td>
<td>IND</td>
<td>Forensic Expert</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan 30</td>
<td>Thomas O'Connell 10601 Vale Terrace GRANDA HILLS CA 91344</td>
<td>IND</td>
<td>Ret.</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan 30</td>
<td>Joe Anne Lougheed 10600 Wilshire #350 LA Ca 90065</td>
<td>IND</td>
<td>Writer Reis</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 600

2. Amount received this period – unitemized monetary contributions of less than $100 ........................ $

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................ TOTAL $ 600

---

*Contributor Codes*

IND – Individual

COM – Recipient Committee

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

FPCC Form 460 (January/05)

FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 9 07</td>
<td>Seth Renglem, 11627 Hollywood, CA 91601</td>
</tr>
<tr>
<td></td>
<td>Bobbi Ray mord, 10 837 N. 31st Ave, Phoenix, AZ 85029</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE</th>
<th>OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND</td>
<td>Owner</td>
<td>$1000</td>
</tr>
<tr>
<td>IND</td>
<td>Owner</td>
<td>$1000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CUMULATIVE TO DATE</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN. 1 - DEC. 31</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $2000**

*Contributor Codes*
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee
## Schedule E
### Payments Made

**NAME OF FILER:**
Ed Buck for Council

**I.D. NUMBER:**
1292718

### CODES:
- **CMP:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain nonmonetary)*
- **CVC:** civic donations
- **FIL:** candidate filing/ballot fees
- **FND:** fundraising events
- **IND:** independent expenditure supporting/opposing others (explain)*
- **LEG:** legal defense
- **LT:** campaign literature and mailings
- **MBR:** member communications
- **MTG:** meetings and appearances
- **OFC:** office expenses
- **PET:** petition circulating
- **PHO:** phone banks
- **POL:** polling and survey research
- **POS:** postage, delivery and messenger services
- **PRO:** professional services (legal, accounting)
- **PRT:** print ads
- **RAD:** radio airtime and production costs
- **RFD:** returned contributions
- **SAL:** campaign workers' salaries
- **TEL:** t.v. or cable airtime and production costs
- **TRC:** candidate travel, lodging, and meals
- **TRS:** staff/spouse travel, lodging, and meals
- **TSF:** transfer between committees of the same candidate/sponsor
- **VOT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Data</td>
<td>CMP</td>
<td></td>
<td>37527</td>
</tr>
<tr>
<td>825 S. Victory Blvd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barloak</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA 91502</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steve</td>
<td>PRO</td>
<td></td>
<td>309-</td>
</tr>
<tr>
<td>563 Keman Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA CA 90022</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris</td>
<td>CNS</td>
<td></td>
<td>1000</td>
</tr>
<tr>
<td>Zhu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2050 Fairpark Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA CA 90041</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL:** $1684

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 8,007
2. Unitemized payments made this period of under $100 .......................................................... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................. $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........... TOTAL $ 8,007

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule E (Continuation Sheet)
### Payments Made

**NAME OF FILER**
Ed Buck for Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
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- WEB: information technology costs (internet, e-mail)

### Payments Made

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY MAILERS 515 S. FAIRFAX LA, CA 90036</td>
<td>POS</td>
<td>postage, delivery and messenger services</td>
<td>2,701</td>
</tr>
<tr>
<td>HARMAN PRESS 1227 N. Highland LA CA 90046</td>
<td>LIT</td>
<td>distribution of flyers</td>
<td>3,359</td>
</tr>
<tr>
<td>WALKING MAN 801 E. 6TH ST LA CA 90021</td>
<td></td>
<td></td>
<td>241.47</td>
</tr>
<tr>
<td>AT&amp;T</td>
<td></td>
<td></td>
<td>22</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 6,323