1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - 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
     (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)
     - Quarterly Statement
     - Special Odd-Year Report
     - Supplemental Pre-election Statement - Attach Form 495

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 #17
   - CITY: West Hollywood
   - STATE: CA
   - ZIP CODE: 90046
   - AREA CODE/PHONE: 323-898-9881

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: 1/07
   Executed on: 2/07
   Executed on: Date
   Executed on: Date

   By: Signature of Treasurer or Assistant Treasurer
   By: Signature of Controlling Officier, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By: Signature of Controlling Officier, Candidate, State Measure Proponent
   By: Signature of Controlling Officier, 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

NAME OF OFFICEHOLDER OR CANDIDATE

ED Buck

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

West Hollywood City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) □ CITY STATE ZIP

1234 N. Laurel #17 West Hollywood CA 90046

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>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION □ SUPPORT □ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions ........................................................................ Schedule A, Line 3 $3,125 $14,625
2. Loans Received ......................................................................................... Schedule B, Line 3 $— $—
3. SUBTOTAL CASH CONTRIBUTIONS .................................................. Add Lines 1 + 2 $3,125 $14,625
4. Nonmonetary Contributions ................................................................... Schedule C, Line 3 $— $—
5. TOTAL CONTRIBUTIONS RECEIVED ............................................... Add Lines 3 + 4 $3,125 $14,625

Expenditures Made

6. Payments Made ....................................................................................... Schedule E, Line 4 $18,455 $20,266
7. Loans Made .............................................................................................. Schedule H, Line 3 $— $—
8. SUBTOTAL CASH PAYMENTS ............................................................. Add Lines 6 + 7 $18,455 $20,266
9. Accrued Expenses (Unpaid Bills) .......................................................... Schedule F, Line 3 $— $—
10. Nonmonetary Adjustment ...................................................................... Schedule C, Line 3 $— $—
11. TOTAL EXPENDITURES MADE ............................................................. Add Lines 8 + 9 + 10 $18,455 $20,266

Current Cash Statement

12. Beginning Cash Balance ........................................................................ Previous Summary Page, Line 16 $15,410 $—
13. Cash Receipts ......................................................................................... Column A, Line 3 above $3,125 $—
14. Miscellaneous Increases to Cash ............................................................. Schedule I, Line 4 $— $—
15. Cash Payments ...................................................................................... Column A, Line 8 above $18,655 $—
16. ENDING CASH BALANCE ................................................................. Add Lines 12 + 13 + 14, then subtract Line 15 $— $—

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

Cash Equivalents and Outstanding Debts

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

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received $— $—
21. Expenditures Made $— $—

Expenditure Limit Summary for State Candidates

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

   Date of Election (mm/dd/yyyy) $— $—
   Total to Date $— $—

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER D.I. NUMBER)</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>2/27</td>
<td>Richard Clair, 923 N. Loma, Unit 3, Santa Monica, CA</td>
<td>IND</td>
<td>Ret</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/18</td>
<td>misc rent under $100</td>
<td>IND</td>
<td>Various</td>
<td>325</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.) $______

*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

SCHEDULE A
CALIFORNIA
FORM 460

Page 4 of 8

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

#### Monetary Contributions Received

**Name of Filer:** ED Buck for Council

<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>2/28</td>
<td>CREPAC 525 S. Virgil LA CA 90020</td>
<td></td>
<td></td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/5</td>
<td>Randy Steinberg 808 N. Sierra Bonita WYND ST 90046</td>
<td></td>
<td></td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/3</td>
<td>Victor Omedzkenko 8635 Rush Dr WL. CT 90049</td>
<td></td>
<td></td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/2</td>
<td>Walter Finley 175 W. 133 ST #178 NY NY 10011</td>
<td></td>
<td></td>
<td>200</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>9/27</td>
<td>David Ovavich 149 W. 1225 ST #6-2 NY NY 10011</td>
<td></td>
<td></td>
<td>200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** 1,200

---

*Contributor Codes:
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee*
### 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 $ ______________

---

**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

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<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>EO Buck</td>
<td>MBR</td>
<td>member communications</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repay loans</td>
<td>10,000</td>
</tr>
<tr>
<td>Ricardo Lopez</td>
<td>CNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>Chris Chen</td>
<td>CNS</td>
<td></td>
<td>1500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2132.58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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 $14,190
Schedule E
Payments Made

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

Statement covers period
from 8-18-07
through 6-30-07

ED Black for Council

NAME OF FILER

L.D. NUMBER 1292718

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

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)
FRT 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
(If committee, also enter I.D. NUMBER)

<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>Harmon P yous</td>
<td>LIT</td>
<td></td>
<td>2432</td>
</tr>
<tr>
<td>1221 Highland LA CA 90036</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comm Mailers</td>
<td>LIT</td>
<td></td>
<td>1666</td>
</tr>
<tr>
<td>515 Fair Ave LA CA 90046</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ernest Phun</td>
<td>PE0</td>
<td></td>
<td>367</td>
</tr>
<tr>
<td>563 Keenhui St LA CA 90022</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 
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).) ...................... $ 
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 18,655

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)