

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <u>Laurel Weste For City Council 2014</u>		Date of This Filing <u>Feb 28/2014</u>	Date Stamp CITY OF SANTA CLARA 2014 FEB 28 P 4:10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) _____	Report No. <u>3</u>	RECEIVED CITY CLERK'S OFFICE	
STREET ADDRESS _____		<input type="checkbox"/> Amendment Report No. _____ (explain below)		
CITY _____	STATE _____	ZIP CODE _____	No. of Pages _____	

1. 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
<u>Feb 27 2014</u>	<u>THOMAS CLARK</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Real Estate SAND CANYON PLAZA LLC</u>	<u>1000.00</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<u>Feb 27 2014</u>	<u>The Conservation Station</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1000.00</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<u>Feb 27-2014</u>	<u>Brookfield Los Angeles Builders Inc</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1000.00</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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: _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER <u>Laurene Weste For City Council 2014</u> <small>AREA CODE/PHONE NUMBER</small> I.D. NUMBER (if applicable) STREET ADDRESS City STATE ZIP CODE	Date of This Filing <u>Feb 28 2014</u> Report No. <u>3 2nd Page</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp <u>OF SANTA CLARITA</u> FEB 28 P 4: 10 RECEIVED CITY CLERKS OFFICE	CALIFORNIA FORM 497 For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<u>Feb 27 2014</u>	<u>Barry ^{Lee} KINS</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Realestate Investor Self Employed</u>	<u>1000.00</u> <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

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 OTH - Other
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Reason for Amendment: _____