

# 497 Contribution Report

Amounts may be rounded to whole dollars.

MV

<b>NAME OF FILER</b> NO on Measure N <hr/> <b>AREA CODE/PHONE NUMBER</b>   <b>I.D. NUMBER (if applicable)</b>   159242078 <hr/> <b>STREET ADDRESS</b> 100 N. Brand Blvd., Suite 200 <hr/> <b>CITY</b>   <b>STATE</b>   <b>ZIP CODE</b> Glendale   CA   91203		<b>Date of This Filing</b> 5/13/2016 <hr/> <b>Report No.</b> _____ <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below) <hr/> <b>No. of Pages</b> _____	CITY CLERK 2016 MAY 13 PM 12:29 DEPT. STAMP	<b>CALIFORNIA FORM 497</b> For Official Use Only
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## 1. 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
5/12/2016	WASTE RESOURCES, INC. P.O. BOX 2410 GARDENA, CA 90247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

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CITY CLERK *MW*

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 159242078	Report No. _____		
STREET ADDRESS 100 N. Brand Blvd., Suite 200		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Glendale	STATE CA	ZIP CODE 91203	No. of Pages _____	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: \_\_\_\_\_