

Late Contribution Report

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

RECEIVED

LATE CONTRIBUTION REPORT

NAME OF FILER ROBIN SALZER FOR CITY COUNCIL		Date of This Filing 03/02/2007	RECEIVED Date Stamp 07 MAR -2 11:41 CITY CLERK CITY OF PASADENA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 616-0585	I.D. NUMBER (if applicable) 1293580	Report No. 003		
STREET ADDRESS 395 NORTH ROSEMEAD BLVD		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY PASADENA	STATE CA	ZIP CODE 91107		
		No. of Pages 2		

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
03/01/2007	TECS ENVIRONMENTAL COMPLIANCES, INC. 106 SOUTH MENTOR AVE #125 PASADENA, CA 91106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

*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 ROBIN SALZER FOR CITY COUNCIL		Date of This Filing _____	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 616-0585	I.D. NUMBER (if applicable) 1293580	Report No. _____		
STREET ADDRESS 395 NORTH ROSEMEAD BLVD		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY PASADENA	STATE CA			

Late Contribution(s) Made

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

Reason for Amendment: _____