

Late Contribution Report

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

NAME OF FILER Abbe Land for City Council		Date of This Filing 02/14/2007	Date Stamp CITY OF LOS ANGELES OFFICE OF THE CITY CLERK
AREA CODE/PHONE NUMBER 3235330663	I.D. NUMBER (if applicable) 1247075	Report No. 001	RECEIVED FPPC FORM 497 For Official Use Only OFFICE OF THE CITY CLERK
STREET ADDRESS 1021 Westmount Dr., #301		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY West Hollywood	STATE CA	ZIP CODE 90069-0000	
		No. of Pages 2	1 / 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
02/13/2007 	Peter Kreysa 9015 Elevado Street West Hollywood ID: CA 90069-0000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Professor CA State University, Long Beach	1000.00
02/13/2007 	Joe Mansoor 6711 Forest Lawn Dr., #206 Los Angeles ID: CA 90068-0000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Accord Interests, LLC	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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RECEIVED

LATE CONTRIBUTION REPORT

NAME OF FILER Abbe Land for City Council		Date of This Filing CITY OF WEST HOLLYWOOD	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1247075	Report No. 07 FEB 14 PM 3:29	
STREET ADDRESS		OFFICE OF THE CITY CLERK	
CITY	STATE	ZIP CODE	
		<input type="checkbox"/> Amendment to Report No. (explain below)	
		No. of Pages	2 / 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING 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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____