

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 <u>03/02/2007</u>	CITY RECEIVED Date Stamp WEST 07 MAR -5 AM 7:44 OFFICE OF THE CITY CLERK For Official Use Only
AREA CODE/PHONE NUMBER <u>3235330663</u>	I.D. NUMBER (if applicable) <u>1247075</u>	Report No. <u>002</u>	
STREET ADDRESS 1021 Westmount Dr., #301		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <u>West Hollywood</u>	STATE <u>CA</u>	ZIP CODE <u>90069-0000</u>	
		No. of Pages <u>2</u>	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
03/02/2007 	Combined Properties Development LLC 1255 22nd Street, NW, Ste. 600 Washington DC 20037-0000 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	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
CITY OF WEST HOLLYWOOD
OFFICE OF THE CITY CLERK
07 MAR -5 AM 7:44
LATE CONTRIBUTION REPORT

NAME OF FILER Abbe Land for City Council		Date of This Filing _____	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1247075	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages _____	212

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: _____