

Late Contribution Report

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

LATE CONTRIBUTION REPORT

| | | |
|---|--|------------------------|
| NAME OF FILER Abbe Land for City Council | | |
| AREA CODE/PHONE NUMBER 3235330663 | I.D. NUMBER (if applicable) 1247075 | |
| STREET ADDRESS 1021 Westmount Dr., #301 | | |
| CITY West Hollywood | STATE CA | ZIP CODE 90069-0000 |

Date of This Filing 02/05/2007

Report No. 001

Amendment to Report No. _____
(explain below)

No. of Pages 2

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CITY OF WEST HOLLYWOOD
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Date Stamp

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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 |
|----------------|--|---|---|-----------------|
| 02/04/2007 | Joshua Corso 812 N. Harper Ave. Los Angeles CA 90046-0000 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Assistant Paul Mitchell Advanced Education | 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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| STREET ADDRESS | |
| CITY | STATE ZIP CODE |

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

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LATE CONTRIBUTION REPORT
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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: _____