

# ate Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Jobe Land for City Council		Date of This Filing 02/08/2007	RECEIVED CITY OF WEST HOLLYWOOD 07 FEB -8 PM 3:54 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 935330663	I.D. NUMBER (if applicable) 1247075	Report No. 001		
STREET ADDRESS 021 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

## ate 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
02/07/2007 	Anaya Management Group II LLC dba Que Rico Cha Cha 7953 Santa Monica Blvd.  West Hollywood CA 90046-0000 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	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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

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2 / 2

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NAME OF FILER Abbe Land for City Council		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1247075	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Date of This Filing \_\_\_\_\_

Report No. \_\_\_\_\_

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages \_\_\_\_\_

## 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: \_\_\_\_\_