

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>07/01/06</u> through <u>12/31/06</u>	Date of election if applicable: (Month, Day, Year) <u>3-06-07</u>
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Date Stamp <u>07 JAN 29 AM 8:42</u> CITY OF OFFICE OF THE CITY CLERK	CALIFORNIA 2007/02 FORM 460 Page <u>1</u> of <u>1</u> HOLLYWOOD For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1247075

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Abbe Land for City Council

STREET ADDRESS (NO P.O. BOX)

1021 Westmount Dr., #301

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90069</u>	<u>323-533-0669</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Ivy Bottini

MAILING ADDRESS

1015 N. Kings Rd., # 213

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>900069</u>	<u>323-848-8015</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-23-07
Date

Executed on 1-23-07
Date

Executed on _____
Date

Executed on _____
Date

X By Ivy Bottini
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page – Part 2

CALIFORNIA
FORM **460**

2 / 42

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Abbe Land

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Held: City Council Member
City West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1021 Westmount Dr., #301 West Hollywood CA 90069-0000

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Abbe Land for Assembly	I.D. NUMBER 1266999
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NAME OF TREASURER Donna Feinstein	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------------------	--

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) 777 S. Figueroa Street, Suite 4050
CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017 (213) 452-6565

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee

 List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	3 / 42
	I.D. NUMBER 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 75349.00	\$ 75349.00
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 75349.00	\$ 75349.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 75349.00	\$ 75349.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 8918.33	\$ 11122.33
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 8918.33	\$ 11122.33
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	1197.03	1197.03
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 10115.36	\$ 12319.36

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 9275.00
13. Cash Receipts	Column A, Line 3 above	75349.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	8918.33
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 75705.67
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 1197.03

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 4 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	696 North Robertson, LLC 696 N. Robertson Blvd. West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/07/2006	A.F. Gilmore Company 6301 West Third Street Los Angeles CA 90048 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 11/17/2006	Abbey Restaurants and Bars USA-LA, LLC 7966 Beverly Blvd. Los Angeles CA 90048 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/13/2006	AFT Staff Guild Local 1521-A COPE Fund 3356 Barham Blvd. Los Angeles CA 90068 ID: 1241359	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 12/06/2006	Alhar Enterprises Inc. DBA Club 7969. Peanuts 7969 Santa Monica Blvd. Los Angeles CA 90046 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 74630.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 719.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 75349.00

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 5 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	John Altschul 8787 Shoreham Dr. PH B West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney John Altschul	100.00	100.00	
Rcpt Dt: 12/20/2006	Aris Anagnos 8124 W. 3rd Street, #200 Los Angeles CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Real Estate Dynamics	500.00	500.00	
Rcpt Dt: 11/28/2006	James Arnone 3960 Decker Canyon Rd. Malibu CA 90265 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Latham & Watkins LLP	1000.00	1000.00	
Rcpt Dt: 12/05/2006	Francis G. Augeri 928 Larrabee St. West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	
Rcpt Dt: 11/10/2006	BA Studios, LLC 1041 North Formosa Avenue West Hollywood CA 90046 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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(other than PTY or SCC)
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Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	6 / 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for City Council	I.D. Number 1247075
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/22/2006	Erik Barker 7715 Lexington Ave. West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Branch Chief US Securities & Exchange Commission	300.00	300.00	
Rcpt Dt: 11/06/2006	Barney's Associates, LP 8447 Santa Monica Blvd. West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/01/2006	Esther Baum 1265 N. Haper Ave., Apt. 9 West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant S. CA Oral & Maxillofacial Care	100.00	100.00	
Rcpt Dt: 11/09/2006	Barbara Bentley 602 N. Linden Dr. Beverly Hills CA 90210 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	
Rcpt Dt: 11/07/2006	Ellie Bernard 1077 Stradella Road Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 7 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/28/2006	Alan J. Bernstein 935 N. Harper Ave. Los Angeles CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Alan J. Bernstein	500.00	500.00	
Rcpt Dt: 12/09/2006	Beverly Almont Company 152 N. Almont Dr. West Hollywood CA 90048 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/04/2006	Linda Briskman 511 N. Sierra Beverly Hills CA 90210 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Beverly Hills	250.00	250.00	
Rcpt Dt: 11/21/2006	Cynthia Beatty Broder 6345 Balboa Blvd., Ste. 375 Encino CA 91316 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Activist N/A	1000.00	1000.00	
Rcpt Dt: 12/22/2006	Brown/Meshul, Incorporated 11835 W. Olympic Blvd., Suite 285 Los Angeles CA 90064 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 8 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	Andrew C. Campbell 601 N. Sweetzer Ave., Unit C West Hollywood CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arts Administrator Los Angeles County Arts Commission	250.00	250.00	
Rcpt Dt: 11/04/2006	Trisha Cardoso 144 S. Orange Dr. Los Angeles CA 90036 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Trisha Cardoso	250.00	250.00	
Rcpt Dt: 11/27/2006	Tod E. Carson 1260 N. Wetherly Dr. Los Angeles CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer/Merchant Tod Carson, Inc.	250.00	250.00	250.00 P 06
Rcpt Dt: 12/20/2006	Casden Movietown LLC 9090 Wilshire Blvd., 3rd Floor Beverly Hills CA 90211 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/06/2006	Lynda Castro 1531 Bayview Dr. Hermosa Beach CA 90254 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement Los Angeles County Sheriff's Dept.	100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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Schedule A Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 9 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	Cedars-Sinai Medical Group 200 North Robertson Blvd., Ste. 101 Beverly Hills CA 90211 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 06
Rcpt Dt: 12/02/2006	Champion Realty, LTD 11601 Wilshire, Suite 1650 Los Angeles CA 90025 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 11/13/2006	Joseph Clapsaddle 1013 Carol Dr. West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Joseph Clapsaddle & Associates	250.00	250.00	
Rcpt Dt: 11/04/2006	Club At 60th Street., Inc. 11151 Missouri Avenue Los Angeles CA 90025 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/05/2006	Michael H. Collins 8313 Dorrington Ave. West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	250.00	250.00	

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 10 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/07/2006	Heidi A. Cortese 218 Marigold Avenue Corona Del Mar CA 92625 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive RCC., Inc.- Developers of Leisure World	1000.00	1000.00	
Rcpt Dt: 12/23/2006	Bruce C. Corwin 8727 W. 3rd Street Los Angeles CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Metropolitan Theater Corp.	100.00	100.00	
Rcpt Dt: 12/06/2006	William L. Cunningham 812 N. Harper Ave. Los Angeles CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Cunningham Consultants	1000.00	1000.00	
Rcpt Dt: 11/09/2006	James Curtis 730 N. Westbourne Drive West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Bank of the West	500.00	500.00	
Rcpt Dt: 12/20/2006	Sherwin Davidson 1125 S. Beverly Dr., #750 Los Angeles CA 90035 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Sherwin N. Davidson, D.D.S., Inc.	150.00	150.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 11 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/12/2006	Davis Brothers Real Estate Investments 12055 Summit Circle Beverly Hills CA 90210 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-1000.00	0.00	
Rcpt Dt: 12/01/2006	Davis Brothers Real Estate Investments 12055 Summit Circle Beverly Hills CA 90210 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	0.00	
Rcpt Dt: 12/03/2006	Donald Deluccio 524 Norwich Dr. Los Angeles CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Media Director Evans, Hardy & Young	500.00	500.00	
Rcpt Dt: 12/06/2006	Duran & Thomas, LLP 9200 Sunset Blvd. Penthouse 2 Los Angeles CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 11/17/2006	Elevation Media 5155 Rosecrans Ave., Ste. 1076 Hawthorne CA 90250 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 12 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Carole S. Ellis 8380 Waring Ave., 307 Los Angeles CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Gayle, Wilson & Associates	200.00	200.00	
Rcpt Dt: 11/08/2006	Eric Owen Moss Architects 8557 Higuera Street Culver City CA 90232 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 12/06/2006	Excel Property Management Services, Inc. 1888 Century Park East, Ste. 450 Los Angeles CA 90067 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/24/2006	Michael Ferrera 10405 Louisiana Ave., #7 Los Angeles CA 90025-6043 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Lifeworks Mentoring	100.00	100.00	
Rcpt Dt: 11/30/2006	Leah Fischer 354 S. Windsor Blvd. Los Angeles CA 90020 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 13 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	Liz Anderson Fitzgerald 24341 Cortes Drive Dana Point CA 92629 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Christie's Great Estates	100.00	100.00	
Rcpt Dt: 11/14/2006	Food Biz Inc. 8350 Santa Monica Blvd., Ste. 210 Los Angeles CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 P 06
Rcpt Dt: 12/30/2006	Amy Forbes 323 S. Irving Blvd. Los Angeles CA 90020 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Gibson, Dunn et al.	250.00	250.00	
Rcpt Dt: 12/15/2006	Formosa Ave., LLC 370 S. Doheny Drive. 204 Beverly Hills CA 90211 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 12/22/2006	Shelley Freeman 8039 Mulholland Dr. Los Angeles CA 90046-1128 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Wells Fargo	500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 14 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Ron Galperin 9613 Beverly Crest Dr. Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Ron Galperin	200.00	200.00	
Rcpt Dt: 12/06/2006	Heidi Mara Goldman 9665 Wilshire Blvd., Ste. 100 Beverly Hills CA 90212 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Sotheby's International Realty	250.00	250.00	
Rcpt Dt: 12/06/2006	Steven Golightly 530 Westmount Dr. West Hollywood CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Los Angeles County CSSD	250.00	250.00	
Rcpt Dt: 11/04/2006	Grafton Food Concepts, LLC 8436 W. 3rd Street, Suite 100 Los Angeles CA 90048 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 11/29/2006	Graybill Communications 10475 Tennessee Avenue Los Angeles CA 90064 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	15 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Salvatore J. Guarriello 8220 W. Norton Ave. West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of West Hollywood	100.00	100.00	
Rcpt Dt: 12/06/2006	Jeffrey S. Haber 633 W. 5th Street, Suite 4000 Los Angeles CA 90071 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Latham & Watkins	250.00	250.00	
Rcpt Dt: 12/15/2006	Habitat Group Los Angeles, LLC 370 S. Doheny Drive, Suite 204 Beverly Hills CA 90211 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 12/06/2006	Ira Handleman 20528 Vista De Oro Place Woodland Hills CA 91364 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Handleman Consulting, Inc.	500.00	500.00	
Rcpt Dt: 12/15/2006	Havenhurst, LLC 370 S. Doheny Drive, 204 Beverly Hills CA 90211 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 16 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/02/2006	Joan Henehan 8424 Santa Monica Blvd., #225 West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Wells Fargo	100.00	100.00	
Rcpt Dt: 11/13/2006	Sandy Hutchens 5557 W. 6th St., Apt. 1313 Los Angeles CA 90036 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Sandy V. Hutchens	500.00	500.00	
Rcpt Dt: 12/10/2006	IAC Inter Avtice Corp. 152 W. 57th Street, 42nd Floor New York NY 10019 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/24/2006	J. H. Snyder Group, LLC 5757 Wilshire Blvd., PH 30 Los Angeles CA 90036 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 12/26/2006	Howard R. Jacobs 1125 1/2 N. Ogden Drive West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Public Affairs GLASS	250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 17 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/27/2006	James Hotel West Hollywood, LLC 201 East 26th Street, 4th Floor New York NY 10010 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/06/2006	Jeffer, Mangels, Butler & Marmaro LLP 1900 Avenue of the Stars, 7th Floor Los Angeles CA 90067 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/01/2006	Jeffrey Jenest 460 Westmount Dr. Los Angeles CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TV Executive Playboy Enterprises	250.00	250.00	
Rcpt Dt: 11/04/2006	Johnsons Super Service 1033 N. Fuller Ave. Los Angeles CA 90046 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/06/2006	Maxene Johnston 130 N. Swall Drive, #102 Beverly Hills CA 90211 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Maxene Johnston	100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	18 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/19/2006	Deborah Bach Kallick 1500 Stradella Road Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Relations Cedars-Sinai	100.00	100.00	
Rcpt Dt: 12/06/2006	KB Home 10990 Wilshire Boulevard Los Angeles CA 90024 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
Rcpt Dt: 11/27/2006	Wally Knox 153 South Van Ness Los Angeles CA 90004 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	
Rcpt Dt: 11/24/2006	Kuehl 2004 6380 Wilshire Blvd., #1612 Los Angeles CA 90048 ID: 1257297	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 12/09/2006	Andrea Kune 115 N. Doheny Dr., #305 Los Angeles CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing State of CA	150.00	150.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 19 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/30/2006	Phyllis Kupferstein 15518 Via Cantare Los Angeles CA 90071 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	
Rcpt Dt: 11/17/2006	L.A. Taxi Cooperative, Inc. dba Yellow Cab 2129 Rosecrans Ave. Gardena CA 90249 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/21/2006	Roche M. La Fleur 8616 Holloway Dr., #19 West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Kneedler-Fauchere	100.00	100.00	
Rcpt Dt: 12/12/2006	Harvey Land 300 E. Lancaster Ave., Apt. 1003 Wynnewood PA 19096 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	300.00	300.00	
Rcpt Dt: 12/01/2006	Stuart J. Land 555 12th Street N.W. Washington DC 20004 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Arnold & Porter	500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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COM - Recipient Committee
(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 20 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/09/2006	Michael Landver 2520 West 6th Street Los Angeles CA 90057 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner M&L Jewelry	250.00	250.00	
Rcpt Dt: 11/17/2006	David Lapin 9201 W. Olympic Blvd., #200 Beverly Hills CA 90212-4600 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Lapin & Davis LLP	250.00	250.00	
Rcpt Dt: 12/29/2006	Law Office Of David Mason Eichman 9200 Sunset Blvd., Suite 505 West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 12/06/2006	Law Offices of Mark E. Lehman 9200 Sunset Blvd., Penthouse 2 West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/27/2006	Kenneth Lawenda 8210 Santa Monica Blvd. Los Angeles CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optometrist Kenneth Lawenda	250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 21 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Ryan Leaderman 837 West Knoll Dr., #104 West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney DLA Piper Rudnick	500.00	500.00	
Rcpt Dt: 12/06/2006	Brad W. Leathers 1201 Larrabee Street, Apt. 106 West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner West Hollywood Medical Management & Marketing, Inc	100.00	100.00	
Rcpt Dt: 12/05/2006	Al Legittino 9665 Wilshire Blvd., #101 Beverly Hills CA 90212 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Sotheby's International Realty	500.00	500.00	
Rcpt Dt: 11/27/2006	Stuart Leviton 1010 N. La Jolla Ave. West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Leviton Law Group, APC	500.00	500.00	
Rcpt Dt: 11/27/2006	Michael Libow 516 N. Walden Dr. Beverly Hills CA 90210 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Coldwell Banker	180.00	180.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 22 / 42
I.D Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Richard Lichtenstein 2560 Zorada Drive Los Angeles CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Marathon Communications Inc., Strategic Comm.	100.00	100.00	
Rcpt Dt: 11/08/2006	David B. Littlefield 8355 Rosewood Ave., #7 West Hollywood CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communications Officer The California Wellness Foundation	100.00	100.00	
Rcpt Dt: 11/10/2006	James Ward Litz 8617 Rugby Drive West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Government Affairs Beverly Hills Board of Realtors	100.00	100.00	
Rcpt Dt: 12/06/2006	Lorcan O'Herlihy Architects 5709 Mesmer Ave. Culver City CA 90230 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
Rcpt Dt: 11/08/2006	Los Angeles African American Women PAC 3618 S. Muirfield Rd. Los Angeles CA 90016 ID: 902629	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 23 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/01/2006	Los Angeles County Firefighters Local #1014 Legislative Fund Committee 3480 Fletcher Ave. El Monte CA 91731 ID: 742008	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/01/2006	Louis Stern Fine Arts, Inc. 9002 Melrose Ave. West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/12/2006	Michael Lurey 633 W. 5th Street., Ste. 4000 Los Angeles CA 90071 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Latham Watkins	100.00	100.00	
Rcpt Dt: 11/17/2006	Simon Mani 801 S. Figueroa St., Ste. 1000 Los Angeles CA 90017 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Mani Brothers, LLC	1000.00	1000.00	
Rcpt Dt: 12/06/2006	MDA Johnson Favaro 5898 Blackwelder Street Culver City CA 90232 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	24 / 42
	I.D. Number 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/13/2006	Medpoint Management 6400 Canoga Ave. Suite 163 Woodland Hills CA 91367 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/08/2006	Lauren Meister 337 Westbourne Drive West Hollywood CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Market Research Consultant Meister Information Group	100.00	100.00	
Rcpt Dt: 11/24/2006	Katayoon Melamed 500 Usher Place Beverly Hills CA 90210 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Melamed International	250.00	250.00	250.00 P 06
Rcpt Dt: 12/06/2006	Melrose Gate 940 W. Washington Blvd. Los Angeles CA 90015 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/06/2006	Gary Minzer 2644 Claray Dr. Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Hollywood Tow Service Inc.	500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 25 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	Mondrian Holdings LLC 8440 Sunset Blvd. West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 11/08/2006	Multi Market Media, Inc. 850 N. Kings Road, Suite 307 West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/29/2006	Neill Murchison 8262 Norton Ave., Apt. 108 West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement Los Angeles County	250.00	250.00	
Rcpt Dt: 11/22/2006	Kenneth Neisser 3267 Glendon Ave. Los Angeles CA 90034 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Ken Neisser	100.00	100.00	
Rcpt Dt: 12/06/2006	Sharon O'Rourke 8126 Calabar Playa Del Rey CA 90293 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager CA Gas Company	100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	26 / 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for City Council	I.D. Number 1247075
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/17/2006	Pacific Design Center, LLC 750 Lexington Ave. New York NY 10022 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/05/2006	Lisa Polly Paperno 7000 Beverly Blvd. Los Angeles CA 90036 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Keller Williams	100.00	100.00	
Rcpt Dt: 11/24/2006	Paramount Pictures Group 5555 Melrose Ave. Los Angeles CA 90038 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 12/08/2006	Performing Assets DYA, LLC 1800 S. Robertson Blvd., #242 Los Angeles CA 90035 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
Rcpt Dt: 12/06/2006	Patricia B. Petrou 82 Marmion Way Rockport MA 01966 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 27 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/08/2006	Playboy Enterprises, Inc. 680 N. Lake Shore Dr. Chicago IL 60611 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/24/2006	Elaine M. Polachek 851 N. Kings Rd., Apt. 307 West Hollywood CA 90069-5935 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager City of Santa Monica	200.00	200.00	200.00 P 06
Rcpt Dt: 12/19/2006	Thomas M. Priselac 2430- 26th St. Santa Monica CA 90405-1906 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Executive Cedars-Sinai	200.00	200.00	
Rcpt Dt: 12/12/2006	Claudia Queen 2772 Hollyview Court Los Angeles CA 90068 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Stewart Title	100.00	100.00	
Rcpt Dt: 11/03/2006	John J. Quinn 777 S. Figueroa, 44th Floor Los Angeles CA 90017 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Arnold & Porter	1000.00	1000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 28 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Keith J. Rand 8623 Rugby Drive West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager UCLA	200.00	200.00	
Rcpt Dt: 11/04/2006	Rockin Horse Inc. dba Rainbow Bar & Grill 9015 Sunset Blvd. Los Angeles CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/27/2006	RS Lotus/Milbank TIC 999 N. Sepulveda Blvd., Suite 600 El Segundo CA 90245 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/24/2006	RWH Holdings, Inc. 8585 Santa Monica Blvd. West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 06
Rcpt Dt: 11/17/2006	S.C. Club, LP 9039 W. Sunset Blvd. West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 29 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/10/2006	Safeway, Inc. 5918 Stoneridge Mall Road Pleasanton CA 94588 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/09/2006	Susan Salenger 4245 Clear Valley Drive Encino CA 91436 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Susan Salenger	100.00	100.00	
Rcpt Dt: 11/29/2006	Seymour Consulting Group 5365 Tendilla Avenue Woodland Hills CA 91364 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/27/2006	Fred S. Shaffer 219 North Dianthus Street Manhattan Beach CA 90266 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate GTO Development	1000.00	1000.00	
Rcpt Dt: 11/24/2006	Toni Sherman 3245 Oakdell Lane Studio City CA 91604 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interior Designer Toni Sherman Interiors LLC	500.00	500.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	30 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/26/2006	G. Daniel Siegel 8560 Sunset Blvd., #300 West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Keller Williams Realty	100.00	100.00	
Rcpt Dt: 11/24/2006	Beth Sieroty - Meltzer 727 N. Camden Dr. Beverly Hills CA 90210 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Worker Beth Sieroty-Meltzer	250.00	250.00	250.00 P 06
Rcpt Dt: 11/10/2006	Timothy G. Smith 8205 Santa Monica 1-300 West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Timothy G. Smith	100.00	100.00	
Rcpt Dt: 11/24/2006	Behnam Soroudi 661 N. Harper Ave. #200 Los Angeles CA 90048 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Benham Soroudi	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 11/17/2006	Patrick Spillane 515 S. Figueroa St., Ste. 1600 Los Angeles CA 90071 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate IDS Real Estate Group	1000.00	1000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	31 / 42
	I.D. Number 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/01/2006	Starbuzz Inc. 7475 Santa Monica Blvd. West Hollywood CA 90046 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/22/2006	David Sudeck 370 S. Doheny Drive, Suite 205 Beverly Hills CA 90211 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Kinnard Development	100.00	100.00	
Rcpt Dt: 11/24/2006	George Sugarman 4541 Babcock Avenue Studio City CA 91604 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Decorative Carpets, Inc.	500.00	500.00	
Rcpt Dt: 11/02/2006	Julie Summers 1425 N. Crescent Heights, Apt. 307 West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Julie D. Summers	100.00	100.00	
Rcpt Dt: 11/30/2006	Sunset Marquis Hotel & Villas 1200 North Alta Loma Road West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	32 / 42
	I.D. Number 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/09/2006	Sunset Sherbourne Holdings LLC 712 N. Arden Drive Beverly Hills CA 90210 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 12/06/2006	Sunset View Plaza, LLC 2000 South Alameda Los Angeles CA 90058 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/01/2006	Sushi Concepts Sunset, LLC 8436 W. 3rd Street, Ste. 100 Los Angeles CA 90048-1488 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 11/22/2006	Grafton P. Tanquary 1287 N. Crescent Heights Blvd. Los Angeles CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apartment Owner Grafton P. Tanquary	100.00	100.00	
Rcpt Dt: 12/15/2006	The Kings Road Gardens, LLC 370 S. Doheny Drive, Suite 204 Beverly Hills CA 90211 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	33 / 42
	I.D. Number 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/17/2006	The Political Machine DBA The Afriat Consulting Group 4107 Magnolia Blvd. Burbank CA 91505 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/09/2006	Thomas Safran & Associates 11812 San Vicente Blvd., #600 Los Angeles CA 90049 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 12/06/2006	Tilem Gole & Dawson 9454 Wilshire Blvd. Penthouse Beverly Hills CA 90212 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 12/14/2006	Ruth Tittle 1344 N. Ogden Dr. Los Angeles CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Capitol Drugs, Inc.	500.00	500.00	
Rcpt Dt: 12/06/2006	Stanley Toy Jr. 1217 Charmont Rd. La Verne CA 91750 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Stanley M. Toy, Jr., M.D.	500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	34 / 42
	I.D. Number 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2006	Transwestern Property Co. West LLC As Agent For Sunset Sierra Properties 9255 Sunset Blvd., Suite 330 West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 11/22/2006	Stanley Treitel 149 S. Highland Ave. Los Angeles CA 90036 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive United Housing	100.00	200.00	
Rcpt Dt: 11/03/2006	Stanley Treitel 149 S. Highland Ave. Los Angeles CA 90036 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive United Housing	100.00	200.00	
Rcpt Dt: 11/22/2006	Catherine Unger 315 Conway Ave. Los Angeles CA 90024 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
Rcpt Dt: 11/24/2006	Van Wagner Communications, LLC 800 Third Avenue, 28th Floor New York NY 10022 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	35 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/07/2006	Mary Jane Wagle 10794 Weyburn Ave. Los Angeles CA 90024 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Planned Parenthood of LA	1000.00	1000.00	
Rcpt Dt: 12/02/2006	Curren W. Warf 2160 Moreno Drive Los Angeles CA 90039-3023 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Childrens Hospital, Los Angeled	100.00	100.00	
Rcpt Dt: 12/06/2006	Lenore Wax 341 N. Poinsettia Pl. Los Angeles CA 90036 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
Rcpt Dt: 11/05/2006	WEHO PAC 8581 Santa Monica Boulevard, #504 West Hollywood CA 90069 ID: 1248664	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/09/2006	Weho Partners, LLC 11601 Wilshire Blvd., Suite 700 Los Angeles CA 90025 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	36 / 42
I.D Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/19/2006	West Los Angeles Health PAC 400 Corporate Pointe, Suite 300 Culver City CA 90230 ID: 801508	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 11/04/2006	Joanne Willens Widzer 1352 Rescome Rd. Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Martin E. Widzer Inc.	250.00	250.00	
Rcpt Dt: 11/09/2006	Lois Williams 9732 Via Siena Burbank CA 91504 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
Rcpt Dt: 11/21/2006	Ruth Williams 7548 Lexington Avenue, Apt. 8 West Hollywood CA 90046 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Advocacy National Council of Jewish Women -LA	100.00	100.00	
Rcpt Dt: 11/03/2006	A. Charles Wilson 623 N. Palm Drive Beverly Hills CA 90210 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 37 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	Renee Dake Wilson 5531 Green Oak Drive Los Angeles CA 90068 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Dake Wilson Architects	500.00	500.00	500.00 P 06
Rcpt Dt: 12/06/2006	Russell K. Wilson 8914 Santa Monica Blvd. West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Koontz Hardware	400.00	400.00	
Rcpt Dt: 12/06/2006	Janet Witkin 345 Pioneer Dr., No. 1802 W. Glendale CA 91203 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Alternative Living for the Aging	250.00	250.00	
Rcpt Dt: 11/17/2006	WN Sunset, LLC 21463 West Calle del Barco Malibu CA 90265 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 12/02/2006	Deann Zampelli 1514 Sunset Plaza Dr. Los Angeles CA 90069-1344 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner Deanne Zampelli	1000.00	1000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	38 / 42
I.D. Number 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/24/2006	Michael Zannella 8745 Dorrington Ave. West Hollywood CA 90048-1725 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	200.00 P 06
Rcpt Dt: 11/03/2006	Anthony Vincent Zehenni 8730 Sunset Blvd., Ste. 400 West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner 8730 Sunset Tower	1000.00	1000.00	

SUBTOTAL \$ 74630.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SCHEDULE D

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

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
39 / 42	
I D. NUMBER 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/09/2006	Los Angeles County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution		50.00	500.00	
	District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
12/23/2006	Stonewall Democratic Club	<input checked="" type="checkbox"/> Monetary Contribution		25.00	625.00	
	District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 75.00

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 75.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 185.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 260.00

Schedule E Payments Made

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	40 / 42
	I.D. NUMBER 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrew Cartwright 660 Kelton Ave. Los Angeles CA 90024	ID: CNS		6000.00
Express Locksmith 8965 Santa Monica Blvd Los Angeles CA 90069	ID: OFC		108.98
Los Angeles County Democratic Party 3550 Wilshire Blvd., #1203 Los Angeles CA 90010	ID: 744554 CTB		50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	8621.33
2. Unitemized payments made this period of under \$100.	\$	297.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	8918.33

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	41 / 42
	I.D. NUMBER 1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stonewall Democratic Club 7985 Santa Monica Blvd. West Hollywood CA 90046 ID: 800995	CTB			25.00
The Stationery Place 1348 Venice Blvd. Los Angeles CA 90006 ID:	OFC			1277.35
United States Postmaster 820 N. San Vicente Blvd. West Hollywood CA 90069 ID:	POS			1160.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 8621.33

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ _____**

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
42 / 42	
ID NUMBER 1247075	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sp |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Precision Printing & Design 14544 Keswick St. Van Nuys CA 91405	LIT	0.00	1197.03	0.00	1197.03

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 0.00 \$ 1197.03 \$ 0.00 \$ 1197.03

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$ 1197.03**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$ 0.00**
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET \$ 1197.03**
May be a negative number