

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 130

For Official Use Only

Statement covers period
03/18/2006

from
through 5-20-06

Date of election if applicable:
(Month, Day, Year)

06/06/2006

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1266999

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

Abbe Land for Assembly

STREET ADDRESS (NO P.O. BOX)

c/o Kaufman Downing LLP 777 S, Figueroa St., Ste. 4050

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90017 213-452-6565

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Donna Feinstein

MAILING ADDRESS

730 N. Alfred

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90069 323-655-2322

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 5-21-06

Date

Executed on 5-21-06

Date

Executed on _____

Date

Executed on _____

Date

By Donna Feinstein

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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Abbe Land

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Assembly Person
Assembly District

42

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

777 S. Figueroa St., Ste. 4050 Los Angeles CA 90017-0000

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	I.D. NUMBER
Abbe Land For City Council	1247075

NAME OF TREASURER	CONTROLLED COMMITTEE?
Ivy Bottini	☒ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
1021 Westmount Dr., #301	

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

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	☐ SUPPORT ☐ OPPOSE

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

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	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

Statement covers period from _____ through _____	CALIFORNIA FORM 460 3 / 130 I.D. NUMBER 1266999
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Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 190083.72	\$ 291292.72
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 190083.72	\$ 291292.72
4. Nonmonetary Contributions	Schedule C, Line 3	5394.00	5394.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	195477.72	296686.72

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	\$ 399278.09	\$ 479205.13
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 399278.09	\$ 479205.13
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	1639.38	1639.38
10. Nonmonetary Adjustment	Schedule C, Line 3	5394.00	5394.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 406311.47	\$ 486238.51

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	\$ 485637.06
13. Cash Receipts	Column A, Line 3 above	190083.72
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	399278.09
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 276442.69
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	\$ 1639.38

*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
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
---	------------------------

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: 05/18/2006	8335 Sunset Blvd., LLC 8335 Sunset Boulevard West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		50.00	300.00	1300.00 P 06
Rcpt Dt: 05/02/2006	AB Green Hollywood Operator, LLC dba Standard Hollywood 8300 Sunset Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	Gisselle Acevedo Franco 346 W. Scenic Dr. Monrovia CA 91016 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Affairs Consultant Gisselle Acevedo Franco	100.00	100.00	100.00 P 06
Rcpt Dt: 04/28/2006	Harvey Ackerman 454 N. Oakhurst Dr., No. 403 Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer Harvey Ackerman	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/11/2006	Nancy Adel 2686 N. Beverly Glen Los Angeles CA 90077 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Adel & Pollack	100.00	100.00	100.00 P 06

SUBTOTAL \$

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 184985.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 5098.72
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 190083.72

*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
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 05/12/2006	Susan Adelman 329 Twenty-Thrid Street Santa Monica CA 90402 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Tivoli, Inc.	100.00	100.00	250.00 P 06
Rcpt Dt: 05/19/2006	AFSCME CA People 555 Capitol Mall, Suite 1425 Sacramento CA 95814 ID: 960772	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		3000.00	5000.00	5000.00 P 06
Rcpt Dt: 05/01/2006	AFSCME California District Council 36 514 Shatto Place, 3rd Floor Los Angeles CA 90020 ID: 747152	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	AFSCME Local 800 514 Shatto Place, 3rd Floor Los Angeles CA 90020 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 03/31/2006	AFT Staff Guild Local 1521-A COPE Fund 3356 Barham Blvd. Los Angeles CA 90068 ID: 1241359	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		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 \$** _____

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IND - Individual
COM - Recipient Committee
(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
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I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/23/2006	Alhar Enterprises Inc. DBA Club 7969. Peanuts 7969 Santa Monica Blvd. Los Angeles CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	All New Glass & Mirror Co., Inc. 6620 Melrose Ave. Hollywood CA 90038 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	450.00 P 06
Rcpt Dt: 05/17/2006	John A. Allendorfer 929 N. Larrabee #5 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Salesman Christopher Norman West	250.00	250.00	450.00 P 06
Rcpt Dt: 04/20/2006	Alschuler Grossman Stein & Kahan LLP 1620 26th St., Ste. 4000 N Santa Monica CA 90404 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 03/20/2006	Stuart Altschuler 2127 N. Bronson Avenue Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Stuart Altschuler, MFT	25.00	425.00	600.00 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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Schedule A

Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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NAME OF FILER Abbe Land for Assembly	
I.D. Number 1266999	

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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: 05/20/2006	Stuart Altschuler 2127 N. Bronson Avenue Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Stuart Altschuler, MFT	25.00	425.00	600.00 P 06
Rcpt Dt: 04/20/2006	Stuart Altschuler 2127 N. Bronson Avenue Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Stuart Altschuler, MFT	25.00	425.00	600.00 P 06
Rcpt Dt: 04/10/2006	Stuart Altschuler 2127 N. Bronson Avenue Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Stuart Altschuler, MFT	300.00	425.00	600.00 P 06
Rcpt Dt: 04/28/2006	Michal Amir 709 Walden Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Michal Amir	500.00	500.00	500.00 P 06
Rcpt Dt: 05/20/2006	Paul Amirault 1235 N. Kings Rd., Apt. 310 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Television Producer LANO Production	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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Monetary Contributions Received

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I.D. Number 1266999	

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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: 05/04/2006	Aris Anagnos 812 W. 3rd Street Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Real Estate Dynamics	500.00	500.00	1500.00 P 06
Rcpt Dt: 05/18/2006	Chris Andaya 1021 Westmount Dr. #101 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Chris Andaya	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Angeles Retirement Consulting 22425 Ventura Blvd., Suite 1400 Woodland Hills CA 91364 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	John Applegate 1901 Avenue of the Stars, Ste. 1325 Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Applegate Consulting Incorporated	250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Donna Arnold 1293 Sunset Plaza Drive Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Filmmaker Four D Productions	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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

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I.D. Number 1266999	

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Rcpt Dt: 04/05/2006	Robert Aronson 1909 Ocean Front Walk #4 Venice CA 90291-4148 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Robert Aronson	100.00	100.00	325.00 P 06
Rcpt Dt: 05/05/2006	Arthur Hiller Enterprises 1218 Benedict Canyon Dr. Beverly Hills CA 90210 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00 P 06
Rcpt Dt: 05/17/2006	Cindy Asner 10340 Santa Monica Blvd Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/15/2006	Clarence Avant 1140 Maytor Place Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Interior Music	500.00	500.00	500.00 P 06
Rcpt Dt: 03/28/2006	B.T.C., Inc. 14540 Sylvan St., Ste. A Van Nuys CA 91411 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00 P 06
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
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Statement covers period from _____ through _____	CALIFORNIA FORM 460
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Rcpt Dt: 05/05/2006	Erik Barker 960 Larrabee St., #202 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Branch Chief US Securities & Exchange Commission	100.00	100.00	1100.00 P 06
Rcpt Dt: 05/02/2006	Barney's Associates, LP 8447 Santa Monica Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1750.00 P 06
Rcpt Dt: 04/28/2006	Barry Mason Enterprises 7065 Lexington Ave. Los Angeles CA 90038 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Gihan Gigi Barsoum 2220 Ave. of the Stars, Apt. 201 Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Health Policy Specialist CA Endowment	100.00	100.00	100.00 P 06
Rcpt Dt: 05/02/2006	Joan Barton 1100 Alta Loma Rd., #1406 Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 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.
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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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I.D. Number 1266999	

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Rcpt Dt: 05/15/2006	Eleanor Baruch 8755 Ashcroft Avenue Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/08/2006	Corby Baumgarten 11459 Ayrshire Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator Family Trust	100.00	100.00	100.00 P 06
Rcpt Dt: 05/04/2006	Wexler Beckerman 7465 Palo Vista Dr. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Berkes, Crane, Robinson, Deal	200.00	200.00	200.00 P 06
Rcpt Dt: 03/31/2006	Anthony Beilenson 8109 Kerry Ln. Chevy Chase MD 20815 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/02/2006	Bennet Roberts dba Bennett Roberts Fine Arts 6150 Wilshire Blvd. Los Angeles CA 90048 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ 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 \$** _____

*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
	12 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 04/13/2006	Barbara Bentley 602 N. Linden Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	500.00 P 06
Rcpt Dt: 04/20/2006	Elaine Berke 17009 Cotter Place Encino CA 91436 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	350.00 P 06
Rcpt Dt: 05/18/2006	Edward A. Berlen 401 Bumside Avenue, 6B Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager EIG	500.00	500.00	500.00 P 06
Rcpt Dt: 05/05/2006	Ellie Bernard 1077 Stradella Road Los Angeles CA 90077 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	200.00	300.00 P 06
Rcpt Dt: 03/29/2006	Marisa Arango Berry 1375 Summit Ridge Place Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed N/A	500.00	500.00	1250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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
	13 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/25/2006	Gary Bess 389 Wayland Rd. Paradise CA 95969 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Social Worker Gary Bess Associates	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Simone Best 5214 W. 57th St. Los Angeles CA 90056 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Operations Manager Community Clinic Association of LA County	100.00	100.00	200.00 P 06
Rcpt Dt: 05/02/2006	Black Equities 433 North Camden Dr., #1070 Beverly Hills CA 90210 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	750.00	1000.00 P 06
Rcpt Dt: 05/04/2006	Jeannie Blackton 200 N. Orchard Dr. Burbank CA 91506 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Jeannie Blackton	250.00	250.00	250.00 P 06
Rcpt Dt: 05/04/2006	Blue Cross of California 21555 Oxnard St. Woodland Hills CA 91365 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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
	14 / 130
	I.D. Number 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/11/2006	Boardners LLC 1652 N. Cherokee Ave. Hollywood CA 90028 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	500.00 P 06
Rcpt Dt: 04/25/2006	Stan Bochniak 935 Westbourne Dr., #105 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Ampco System Parking	500.00	500.00	750.00 P 06
Rcpt Dt: 04/25/2006	Reveta Bowers 563 North Alfred Street West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Center for Early Education	500.00	500.00	1000.00 P 06
Rcpt Dt: 04/18/2006	Howard Bragman 8027 Briar Summit Dr. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Relations Fifteen Minutes, Inc.	500.00	500.00	1000.00 P 06
Rcpt Dt: 03/31/2006	Bram, LLC/dba Le Petit Four 8654 Sunset Blvd. Los Angeles CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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
	15 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/02/2006	Dorothy Breininger 20832 Roscoe Blvd., #220A Canoga Park CA 91306 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Center For Organization	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Linda Briskman 511 N. Sierra Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember City of Beverly Hills	500.00	500.00	1000.00 P 06
Rcpt Dt: 05/15/2006	Cynthia Beatty Broder 6345 Balboa Blvd., Ste. 375 Encino CA 91316 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Activist N/A	1000.00	1000.00	2000.00 P 06
Rcpt Dt: 05/04/2006	Judith Broder 12000 Iredell St. Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	500.00	500.00	500.00 P 06
Rcpt Dt: 03/22/2006	Richard Brown 13200 Warren Ave. Los Angeles CA 90066 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor UCLA	200.00	200.00	200.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period.
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Schedule A

Monetary Contributions Received

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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	16 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Sandra Brown 10350 Wilshire Blvd., Suite 1003 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	100.00 P 06
Rcpt Dt: 03/29/2006	Joseph Brown, Jr. 411 S. Main St., Ste. 321 Los Angeles CA 90013 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Joseph Brown, Jr.	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Chris L. Burden 178 Will Green Road Topanga CA 90290 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist Chris Burden	250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Bryant Burkhardt 11823 Radio Drive Los Angeles CA 90064 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator EIG	500.00	500.00	500.00 P 06
Rcpt Dt: 05/11/2006	Marcia Burnam 10560 Wilshire Blvd., #1104 Los Angeles CA 90024-4582 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	200.00	300.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
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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
	17 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
---	------------------------

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: 03/31/2006	Marcia Burnam 10560 Wilshire Blvd., #1104 Los Angeles CA 90024-4582 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	200.00	300.00 P 06
Rcpt Dt: 05/17/2006	Christine Byrd 11592 Chiquita Street Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Irell & Manella	100.00	100.00	100.00 P 06
Rcpt Dt: 04/12/2006	CA Assoc. of Psychiatric Technicians, Inc. PAC 1220 G Street, Suite 100 Sacramento CA 95814 ID: 882070	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		2500.00	2500.00	2500.00 P 06
Rcpt Dt: 05/08/2006	CA Chiropractic Association San Fernando Valley Chiropraction 4955 Van Nuys Blvd., #404 Van Nuys CA 91406 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 05/04/2006	CA Chiropractic Association PAC 455 Capitol Mall, Suite 801 Sacramento CA 95814 ID: 742986	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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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
	18 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/05/2006	CA EMILY's List 1120 Connecticut Avenue NW, Suite 1100 Washington DC 20036 ID: 910164	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2300.00	2300.00	3300.00 P 06
Rcpt Dt: 04/10/2006	CA National Organization for Women PAC 926 J Street, Ste. 424 Sacramento CA 95814 ID: 820364	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1500.00	1500.00	1500.00 P 06
Rcpt Dt: 05/20/2006	CA Nurses Association PAC 555 Capitol Mall, Ste. 1425 Sacramento CA 95814 ID: 780657	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		1800.00	4800.00	5800.00 P 06
Rcpt Dt: 05/18/2006	CA Restoration PAC 601 S. Glenoaks Blvd., Ste. 211 Burbank CA 91502 ID: 1246931	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		200.00	1000.00	3300.00 P 06 200.00 G 06
Rcpt Dt: 05/18/2006	CA Restoration PAC 601 S. Glenoaks Blvd., Ste. 211 Burbank CA 91502 ID: 1246931	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		800.00	1000.00	3300.00 P 06 200.00 G 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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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 _____	CALIFORNIA FORM 460
through _____	
19 / 130	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 04/10/2006	Don Cannon 391 Arcade Dr. Ventura CA 93003 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Cannon Engineering, Inc.	100.00	100.00	100.00 P 06
Rcpt Dt: 03/28/2006	Frieda Caplan 11651 Montecito Rd. Los Alamitos CA 90720-4054 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Produce Merchant Frieda's, Inc.	250.00	250.00	500.00 P 06
Rcpt Dt: 05/18/2006	Kathy Y. Carder 1026 Pleasantview Ave. Venice CA 90291 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Nursing Practice Representative CNA	100.00	100.00	100.00 P 06
Rcpt Dt: 04/28/2006	Phyllis Caskey 7021 Hollywood Blvd. Hollywood CA 90028 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Museum Director Hollywood Entertainment Museum	200.00	200.00	350.00 P 06
Rcpt Dt: 05/05/2006	Lynda Castro 1531 Bayview Dr. Hermosa Beach CA 90254 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Law Enforcement Los Angeles County Sheriff's Dept.	100.00	100.00	300.00 P 06
SUBTOTAL \$						

Schedule A Summary

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Schedule A

Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	20 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/20/2006	CH2MHill 555 S. Flower St., Ste. 3550 Los Angeles CA 90071 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	0.00	0.00 P 06
Rcpt Dt: 05/10/2006	CH2MHill 555 S. Flower St., Ste. 3550 Los Angeles CA 90071 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		-500.00	0.00	0.00 P 06
Rcpt Dt: 05/04/2006	David Chaparro 4184 Knobhill Drive Sherman Oaks CA 91403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clinical Research Assistant Wyeth	500.00	500.00	750.00 P 06
Rcpt Dt: 04/11/2006	Janet Chapman 8512 Tuscany #315 Playa Del Rey CA 90293 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal LAUSD	100.00	100.00	360.00 P 06
Rcpt Dt: 05/02/2006	Robert Chattel 13403 Cumpston St. Sherman Oaks CA 91401 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner / Architect Chattel Architecture	150.00	150.00	236.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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Schedule A Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	21 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Carol Childs 525 S. Fuller Ave. Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Carol Childs	100.00	100.00	200.00 P 06
Rcpt Dt: 05/02/2006	Judith Chirlin 111 North Hill St. Los Angeles CA 90012 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Judge LA Superior Court	150.00	150.00	400.00 P 06
Rcpt Dt: 04/14/2006	Laura Christa 1901 Avenue of the Stars, Ste. 1100 Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Christa & Jackson	250.00	250.00	500.00 P 06
Rcpt Dt: 03/29/2006	CK Tire, Inc. 4901 S. Broadway Blvd. Los Angeles CA 90037 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/08/2006	Susan Clark 13400 Riverside Dr., Ste. 308 Sherman Oaks CA 91423 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Actress Clark/Kurra Property	250.00	250.00	250.00 P 06
SUBTOTAL \$						

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Schedule A Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	22 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/10/2006	Carl E. Coan 22321 Degrasse Calabasas CA 91302 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Health Care Administrator Eisner Pediatric & Family Medical Center	100.00	250.00	600.00 P 06
Rcpt Dt: 04/13/2006	Josette Cole 221 S. Reeves Dr., #204 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	School Administrator Le Lycee Francais De Los Angeles	100.00	100.00	100.00 P 06
Rcpt Dt: 05/11/2006	Diane F. Cooke 211 North Cliffwood Avenue Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed N/A	200.00	200.00	200.00 P 06
Rcpt Dt: 04/28/2006	Darice Cooper 8324 Skyline Dr. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Actress/Singer Darice Cooper	100.00	100.00	100.00 P 06
Rcpt Dt: 04/07/2006	Marguerite Cooper 4231 Avocado St. Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	50.00	150.00	150.00 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
	23 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 04/05/2006	Marguerite Cooper 4231 Avocado St. Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	150.00	150.00 P 06
Rcpt Dt: 04/28/2006	Scott J. Corwin 12100 Wilshire Blvd., Ste 780 Los Angeles CA 90025-7120 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Scott J. Corwin	3000.00	3000.00	3000.00 P 06
Rcpt Dt: 05/18/2006	Councilmember Jeffrey Prang Committee 7985 Santa Monica Blvd. #590 West Hollywood CA 90046 ID: 970426	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/08/2006	Creative Ideas 12400 Wilshire Blvd., Ste. 900 Los Angeles CA 90025 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	600.00 P 06
Rcpt Dt: 05/17/2006	Jean Michael Cretiaz 21279 Entada Rd. Topanga CA 90290 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Sei Architects	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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(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
	24 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/19/2006	Marlene Crosby 1351 Palisades Beach Rd., #200 Santa Monica CA 90401 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	200.00	300.00 P 06
Rcpt Dt: 05/15/2006	Bradford S. Crowe 313 Westbourne Dr. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	275.00 P 06
Rcpt Dt: 04/28/2006	Genaro Cruz 518 Doheny Rd. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/18/2006	William L. Cunningham 812 N. Harper Ave. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Cunningham Development, Inc.	800.00	1050.00	1500.00 P 06
Rcpt Dt: 05/02/2006	Bonnie Curtis 15233 Ventura Blvd., Ste. 610 Sherman Oaks CA 91403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Film Producer Dream Works SKG	500.00	500.00	800.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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Schedule A Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	25 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Suzanne E. Curtis 7342 Lexington Ave. West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Strategic Counsel	400.00	400.00	500.00 P 06
Rcpt Dt: 05/09/2006	Carole Danielson 3540 Wilshire Blvd., #605 Los Angeles CA 90010 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect DSH	200.00	200.00	200.00 P 06
Rcpt Dt: 05/11/2006	Leo David 10535 Wilshire Boulevard, PH 8 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/12/2006	Sherwin Davidson 1125 S. Beverly Dr., #750 Los Angeles CA 90035 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Sherwin N. Davidson, D.D.S., Inc.	150.00	150.00	150.00 P 06
Rcpt Dt: 05/17/2006	Elizabeth Davis 3451 Mandeville Canyon Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist Elizabeth Davis	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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 26 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Mitchell Dawson 9454 Wilshire Blvd. Los Angeles CA 90017 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Tlem, Gole & Dawson	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	Luis A. De La Rosa 1900 Vine Street, Apt. 106 Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney L.A. Care Health Plan	100.00	100.00	100.00 P 06
Rcpt Dt: 04/18/2006	Donald Deluccio 524 Norwich Dr. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Advertisting Healthcare Communcation Group	250.00	500.00	750.00 P 06
Rcpt Dt: 04/28/2006	Beverly Denenberg 417 North San Vincente Blvd. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Art Dealer Denenberg Fine Arts	500.00	500.00	850.00 P 06
Rcpt Dt: 05/17/2006	Brickson E. Diamond 1100 North Alta Loma Road, #802 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Wealth Advisor Capital Gaurdian	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	27 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Francine B. Diamond 300 Via De La Paz Pacific Palisades CA 90272 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Media Partners	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Katherine Diamond 625 Huntley Drive, Apt. 7 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect RNC Design	250.00	250.00	250.00 P 06
Rcpt Dt: 05/11/2006	Alice Dick 2112 Linnington Ave. Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Cedars-Sinai	250.00	250.00	500.00 P 06
Rcpt Dt: 05/03/2006	Karen Diehl 145 S. Doheny Drive # 310 Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Relations Casey, Sayre & Williams	200.00	200.00	550.00 P 06
Rcpt Dt: 05/15/2006	David Dinielli 4217 Cromwell Ave. Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Munger, Tolles & Olsen	100.00	100.00	100.00 P 06
SUBTOTAL \$						

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Schedule A

Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	28 / 130
I.D. Number 1266999	

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Rcpt Dt: 04/28/2006	Jennifer Doyle 821 3rd St., #309 Santa Monica CA 90403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Affairs The Yucaipa Companies	100.00	100.00	100.00 P 06
Rcpt Dt: 04/10/2006	Charles Drayman 980 Palm Ave., #406 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/08/2006	E.T. Legg & Associates 314 East Glenoaks Blvd. Glendale CA 91207 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1750.00 P 06
Rcpt Dt: 03/31/2006	Delaine Eastin 4228 Dogwood Place Davis CA 95616 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Mills College	100.00	100.00	200.00 P 06
Rcpt Dt: 03/22/2006	Jock A. Ebner 495 Prospect Cir. South Pasadena CA 91030 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Manager Merlin Management	100.00	100.00	100.00 P 06
SUBTOTAL \$						

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Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	29 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Ellen Eidem 1242 Barrington Ave. #105 West Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Office of Health LA County	250.00	250.00	875.00 P 06
Rcpt Dt: 05/18/2006	Elect Noguez Committee P.O. Box 5227 Huntington Park CA 90255 ID: 1250820	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	Elevation Media 5155 Rosecrans Ave., Ste. 1076 Hawthorne CA 90250 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/18/2006	Carole S. Ellis 8380 Waring Ave., 307 Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Carole S. Ellis	100.00	100.00	1250.00 P 06
Rcpt Dt: 05/15/2006	Enertech Systems, Inc. 1371 North Red Gum Street Anaheim CA 92806 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
SUBTOTAL \$						

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Schedule A Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	30 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/05/2006	Eric Owen Moss Architects 8557 Higuera Street Culver City CA 90232 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	500.00	1500.00 P 06
Rcpt Dt: 04/14/2006	Eric Owen Moss Architects 8557 Higuera Street Culver City CA 90232 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	500.00	1500.00 P 06
Rcpt Dt: 04/11/2006	Gus Estrada 4255 Sunset Blvd., # 330 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Sunset Sierra Properties	500.00	500.00	500.00 P 06
Rcpt Dt: 05/11/2006	Mary Estrin 1717 Westridge Rd. Los Angeles CA 90047 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor Mary Estrin	100.00	100.00	100.00 P 06
Rcpt Dt: 04/07/2006	Jerry Factor 709 North Palm Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Apartment Association of Greater LA	250.00	250.00	750.00 P 06
SUBTOTAL \$						

Schedule A Summary

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Schedule A Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	31 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Herb Fields 511 N. La Cienega Blvd., Ste. 208 Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Bedford Freight	250.00	250.00	250.00 P 06
Rcpt Dt: 04/28/2006	Samuel Fischer 1801 Century Park West Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Ziffren, Brittenham et al	1000.00	1000.00	2000.00 P 06
Rcpt Dt: 04/25/2006	Matt Fisher 1416 2nd Street Santa Monica CA 90401 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Palisades Development Group	500.00	500.00	650.00 P 06
Rcpt Dt: 05/17/2006	Judy Fishman 490 Tigertail Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive/Chairman of the Board Lieberman Research World-wide	200.00	300.00	300.00 P 06
Rcpt Dt: 04/20/2006	Judy Fishman 490 Tigertail Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive/Chairman of the Board Lieberman Research World-wide	100.00	300.00	300.00 P 06
SUBTOTAL \$						

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Schedule A Monetary Contributions Received

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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	32 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Jorge Flores 3263 DeWitt Drive Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Affairs Consultant Jorge Flores	100.00	100.00	200.00 P 06
Rcpt Dt: 05/18/2006	Amy Forbes 323 S. Irving Blvd. Los Angeles CA 90020 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Gibson, Dunn et al.	500.00	500.00	1500.00 P 06
Rcpt Dt: 03/31/2006	Wesley Ford 2497 Lanterman Terrace Los Angeles CA 90039 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Health Care Executive County of Los Angeles	100.00	100.00	100.00 P 06
Rcpt Dt: 05/15/2006	Peggy S. Foster 4248 Troost Avenue, #1 Studio City CA 91604-2863 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/04/2006	Leesa Freed 5009 Woodman Ave., #309 Van Nuys CA 91423 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Stage Manager Colony Theatre	100.00	100.00	100.00 P 06
SUBTOTAL \$						

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- 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 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/25/2006	Brenda R. Freiberg 10550 Wilshire Blvd., #1104 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	1750.00 P 06
Rcpt Dt: 05/11/2006	Edward Friedman 8383 Wilshire Boulevard, Suite 510 Beverly Hills CA 90211 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Edward Friedman	200.00	200.00	200.00 P 06
Rcpt Dt: 05/16/2006	Elyse Friedman 12525 Lambert Rd. Whittier CA 90606 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer USA & Associates	150.00	150.00	300.00 P 06
Rcpt Dt: 05/09/2006	Lester Friedman 9777 Wilshire Blvd., #1015 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Lester T. Friedman, A Professional Corp.	100.00	100.00	100.00 P 06
Rcpt Dt: 05/10/2006	Friends of Richard Alarcon 555 S. Flower Street, Suite 4610 Los Angeles CA 90071 ID: 1250551	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		3300.00	3300.00	3300.00 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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(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 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Simon Frumkin 3755 Goodland Ave. Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	250.00 P 06
Rcpt Dt: 05/09/2006	Holly Fujie 10576 Blythe Ave. Los Angeles CA 90064 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Bulchalter Nemer, A Professional Corporation	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Duvergne R. Gaines 626 S. Cloverdale Avenue, #204 Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Policy Analyst Feminist Majority Foundation	50.00	150.00	150.00 P 06
Rcpt Dt: 05/03/2006	Teri Garr 1880 Century Park East, Ste. 950 Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Actress No-Nonsense, Inc.	100.00	100.00	100.00 P 06
Rcpt Dt: 05/17/2006	Kay Gilbert 617 Strand St., #2 Santa Monica CA 90405 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Cultivating Sustainable Communities	100.00	100.00	100.00 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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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 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/05/2006	Lea Gilinets 26520 Huntswood Ln. Fair Oaks Ranch CA 91351 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor College of the Canyons	500.00	500.00	1000.00 P 06
Rcpt Dt: 05/01/2006	Terry Goddard II 466 E. Del Mar Blvd. Pasadena CA 91101 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Aid For AIDS	250.00	250.00	500.00 P 06
Rcpt Dt: 03/28/2006	Heidi Goldman Saltzman 9665 Wilshire Blvd., Ste. 100 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Sotheby's International Realty	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/05/2006	Bram Goldsmith 400 North Roxbury Drive Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman City National Corporation	200.00	200.00	700.00 P 06
Rcpt Dt: 04/28/2006	Peggy Goldwyn 1109 Wellesley Ave. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Peggy Goldwyn	100.00	350.00	550.00 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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COM - Recipient Committee
(other than PTY or SCC)
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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 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Steven Golightly 530 Westmount Dr. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Los Angeles County CSSD	100.00	300.00	300.00 P 06
Rcpt Dt: 04/10/2006	Steven Golightly 530 Westmount Dr. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Los Angeles County CSSD	200.00	300.00	300.00 P 06
Rcpt Dt: 03/28/2006	Nathan Goller 655 N. Robertson Blvd. West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Nathan Goller	1000.00	1000.00	2500.00 P 06
Rcpt Dt: 05/08/2006	Suzanne Goodson 1830 Kelton Ave., #10 Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	180.00	180.00	180.00 P 06
Rcpt Dt: 05/18/2006	Micheal Graham 2041 Kendra Crt. Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Pond, Worth, LLP	100.00	100.00	100.00 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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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 / 130
	I.D. Number 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Ann Gray 512 E. Wilson #213 Glendale CA 91206 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Publisher Ballony Media Inc.	250.00	750.00	1500.00 P 06
Rcpt Dt: 04/28/2006	Greater Roxbury Park LLC 558 Hillgreen Dr. Beverly Hills CA 90212 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/15/2006	Barry Greenfield 906 N. Kings Rd., #2 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager M & J Corp.	100.00	100.00	200.00 P 06
Rcpt Dt: 05/17/2006	Roberta R. Greenfield 455 North Barrington Avenue Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Art Dealer Roberta Greenfield	100.00	100.00	100.00 P 06
Rcpt Dt: 03/22/2006	Nancy Greenstein 2016 Euclid Street, #8 Santa Monica CA 90405 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator UCLA	250.00	250.00	625.00 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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(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 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/03/2006	David Gregoire 930 Palm Ave., #142 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Screen Actors Guild	100.00	100.00	100.00 P 06
Rcpt Dt: 05/16/2006	Margaret Griffin 12468 Washington Blvd. Santa Monica CA 90405 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Griffin Writght Architec- ts	100.00	100.00	100.00 P 06
Rcpt Dt: 04/11/2006	Pam Grissom 7230 Star Fury Pl. Tucson AZ 85718 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/03/2006	Nik Gupta 17651 Arvida Dr. Granada Hills CA 91344-1303 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Mission City Community Network	100.00	100.00	200.00 P 06
Rcpt Dt: 03/28/2006	Susan Gurman 333 S. Las Palmas Ave. Los Angeles CA 90020 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Gubriella Charter School	250.00	250.00	1250.00 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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COM - Recipient Committee
(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
	39 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Laurel Gwyn 2146 Selby Ave. Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Affairs Southern California Gas Co.	200.00	200.00	500.00 P 06
Rcpt Dt: 04/05/2006	Gilda Haas 152 W. 32nd Street Los Angeles CA 90007 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Non-Profit Director SAJE	100.00	100.00	200.00 P 06
Rcpt Dt: 04/28/2006	Jeffrey S. Haber 633 W. 5th Stree, Suite 4000 Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Latham & Watkins	250.00	250.00	600.00 P 06
Rcpt Dt: 03/28/2006	George Hall 180 S. Parkwood Ave. Pasadena CA 91107 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Historic Resources Group- LLC	100.00	100.00	100.00 P 06
Rcpt Dt: 04/11/2006	John Hall 433 N. Camden Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Regional Vice President Wells Fargo Bank	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
	40 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/22/2006	William F. Harris 8834 Dorrington Ave. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer Hollywood Community Housing Corp.	250.00	250.00	1000.00 P 06
Rcpt Dt: 04/20/2006	John Haskell 1700 Mandeville Canyon Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Restaurateur Haskell Restaurant Group LLC	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 03/31/2006	Iqbal Hassan 6202 Roundhill Dr. Whittier CA 90601 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate The Quantum Associates	100.00	100.00	100.00 P 06
Rcpt Dt: 05/04/2006	Virginia Hatfield 11579 Hesby St. North Hollywood CA 91601 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Immigration Consultant Valley Interfaith Council	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Marc W. Hauptert 4138 W. Franklin Ave. Burbank CA 91505 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Hauptert and Associates	100.00	100.00	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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(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
	41 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Patty Hayashida 3477 Wrightwood Drive Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager UCLA	150.00	150.00	150.00 P 06
Rcpt Dt: 05/18/2006	Yashar Hedayat 9663 Santa Monica Blvd., #222 Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Partner The Goplin Group	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	John Heilman 1155 La Cienega Blvd. #1202 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor Whittier Law School	1000.00	1000.00	1850.00 P 06
Rcpt Dt: 05/17/2006	Billie Heller 520 N. Camden Drive Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/19/2006	Joan Henehau 8424A Santa Monica Blvd. West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Branch Manager Wells Fargo	200.00	200.00	200.00 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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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
	42 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Jane Hasler Henick 552 Dryad Rd. Santa Monica CA 90402-1318 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor Jane Hasler Henick	100.00	1100.00	2350.00 P 06
Rcpt Dt: 05/08/2006	Richard Herb 4411 Los Feliz Blvd., Unit 1201 Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Richard W. Herb Interior-s, Inc.	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 04/11/2006	Alan Hergott 150 S. Rodeo Dr., 3rd Floor Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Bloom Hergott Diemer et al	250.00	250.00	250.00 P 06
Rcpt Dt: 05/08/2006	Rebecca Hight 555 12th St. Santa Monica CA 90402 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Rebecca Hight	100.00	100.00	100.00 P 06
Rcpt Dt: 05/03/2006	Elizabeth Hirsch 9951 Kip Drive Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	200.00 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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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
	43 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/19/2006	Anita Hirsh 3300 Oakdell Rd. Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/19/2006	Helmi Ann Hisserich 2622 Armstrong Ave. Los Angeles CA 90039 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Regional Manager CRA	100.00	100.00	300.00 P 06
Rcpt Dt: 05/10/2006	Ellen Hoberman 10351 Santa Monica Blvd., Suite 220 Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/18/2006	Diane Holland 2080 Century Park East, #1607 Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist Diane Holland	100.00	100.00	100.00 P 06
Rcpt Dt: 05/17/2006	Judy Raffin Holston 9830 Wilshire Boulevard Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Judy Raffin Holston	100.00	100.00	100.00 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
	44 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 05/02/2006	Lynn Hoopingarner 940 Westbourne Dr. West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Management Consultant Profitable Solutions	100.00	100.00	100.00 P 06
Rcpt Dt: 05/15/2006	Alice V. Horeviz 1968 North Kenmore Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Larchmont Charter School	100.00	100.00	100.00 P 06
Rcpt Dt: 03/23/2006	David G. Houk 1350 Court Terrace Pasadena CA 91105 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Houk Development	500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	Roy Huebner 8535 West Knoll, #210 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Genslor	100.00	100.00	200.00 P 06
Rcpt Dt: 05/12/2006	Hugo's Pasta Mama, Inc. 8401 Santa Monica Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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
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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
	45 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/10/2006	Humane Farming Action Committee 76 Belvedere, Ste. B San Rafael CA 94901 ID: 910515	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.00	3000.00 P 06
Rcpt Dt: 05/02/2006	Sandy Hutchens 5557 W. 6th St., Apt. 1313 Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Hutchens Corp.	250.00	250.00	1000.00 P 06
Rcpt Dt: 05/17/2006	Cherie Ignatius 54 Olive Mill Road Montecito CA 93108 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	50.00	100.00	100.00 P 06
Rcpt Dt: 05/10/2006	Cherie Ignatius 54 Olive Mill Road Montecito CA 93108 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	25.00	100.00	100.00 P 06
Rcpt Dt: 05/20/2006	Amnon Igra 1233 El Sur Way Sacramento CA 95864 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Researcher State of California	100.00	100.00	200.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period.
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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 _____	CALIFORNIA FORM 460
through _____	
46 / 130	
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/11/2006	Matthew Irmes 243 Twenty Third Street Santa Monica CA 90402 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Emby Eye Productions	100.00	100.00	100.00 P 06
Rcpt Dt: 05/01/2006	Michelle Jackino 2258 La Granada Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Movie Advertising Warner Brothers Pictures	500.00	1000.00	2000.00 P 06
Rcpt Dt: 05/02/2006	Michelle Jackino 2258 La Granada Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Movie Advertising Warner Brothers Pictures	500.00	1000.00	2000.00 P 06
Rcpt Dt: 03/28/2006	Howard R. Jacobs 1125 1/2 N. Ogden Drive West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Public Affairs GLASS	250.00	250.00	750.00 P 06
Rcpt Dt: 05/17/2006	Ina Jaffe 1833 Niodrara Drive Glendale CA 91208 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Loan Consultant Washington Mutual	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- 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
	47 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Shahla Javdan 1430 Loma Vista Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 04/18/2006	Lorri Jean 1316 N. Cherokee Ave. Los Angeles CA 90028-7702 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Gay & Lesbian Center	100.00	100.00	200.00 P 06
Rcpt Dt: 05/18/2006	Sheila Jefferson 10634 Holman, #4 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Hookstrattem	100.00	200.00	450.00 P 06
Rcpt Dt: 05/20/2006	Jane Jelenko 10580 Dolcendo Wy. Los Angeles CA 90077 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Akin Gump Strauss Hauer & Felp LLP	100.00	100.00	100.00 P 06
Rcpt Dt: 05/02/2006	Jeffrey Jenest 460 Westmount Dr. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TV Executive Playboy Enterprises	250.00	250.00	550.00 P 06
SUBTOTAL \$						

Schedule A Summary

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- 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
	48 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Eric C. Johnson 7602 De Longpre Ave. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Administration Housing Authority	250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Mark T. Johnson 6547 Saroni Drive Oakland CA 94611 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney The Sturdevant Law Firm	200.00	200.00	450.00 P 06
Rcpt Dt: 03/24/2006	Johnson Fain 1201 N. Broadway Los Angeles CA 90012 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 04/20/2006	Dorothy Jonas 10313 W. Pico Blvd. Los Angeles CA 90064 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	1000.00	1000.00	1500.00 P 06
Rcpt Dt: 05/05/2006	David Jones 450 N. Robertson Blvd. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer David Jones	250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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- Total monetary contributions received this period.
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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
	49 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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Rcpt Dt: 04/10/2006	Rose Kattlove 1427 North Beverly Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician American Cancer Society	250.00	250.00	250.00 P 06
Rcpt Dt: 05/02/2006	Sabrina Kay 137 N. Larchmont Blvd., #533 Los Angeles CA 90004 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman and CEO Fremont Private Investments/Fashion Umbrella LLC	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 03/28/2006	Suzanne Kayne 1800 Avenue of the Stars, 2nd Fl. Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Sotheby's International Realty	1000.00	1000.00	2000.00 P 06
Rcpt Dt: 04/10/2006	James Kazakos 1010 Hammond Street West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	200.00 P 06
Rcpt Dt: 04/10/2006	Winifred Keller 2605 Whitechapel Pl. Thousand Oaks CA 91362 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Winifred Keller	250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period.
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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
	50 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Patricia Kestin 808 Glenmont Ave. Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	150.00	250.00	400.00 P 06
Rcpt Dt: 04/28/2006	Patricia Kestin 808 Glenmont Ave. Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	250.00	400.00 P 06
Rcpt Dt: 05/11/2006	Joyce A. Kidd 9982 Reevesbury Drive Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Charles Kim 3171 W. Olympic Blvd., #553 Los Angeles CA 90006 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director US Metro Group Inc.	500.00	500.00	750.00 P 06
Rcpt Dt: 05/10/2006	Kinara Spa, LLC 2275 Huntington Dr., Ste. 311 San Marino CA 91108 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period.
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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
	51 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/24/2006	Jeffrey King 3185 H Airway Ave. Costa Mesa CA 92626 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman of the Board King's Seafood Company	100.00	100.00	100.00 P 06
Rcpt Dt: 03/23/2006	Howard Klein 17660 Karen Drive Encino CA 91316 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive OceanBeauty	250.00	250.00	250.00 P 06
Rcpt Dt: 05/03/2006	Julie Kleinick 4425 Whitsett Avenue # 103 Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Commercial Property Manager AF Gilmore Co.	100.00	250.00	350.00 P 06
Rcpt Dt: 05/03/2006	Harrison Kline Aguado 1004 Larrabee Street West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Composer Harrison Kline Aguado	100.00	100.00	300.00 P 06
Rcpt Dt: 04/11/2006	Dorothy Knecht 17 Bret Harte Terrace San Francisco CA 94133 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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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
	52 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/04/2006	Steve Krantz 3421 Castlewoods Pl. Sherman Oaks CA 91403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Computer Scientist IBM	100.00	100.00	100.00 P 06
Rcpt Dt: 04/28/2006	Fred Kresbach 738 N. Occidental Blvd. Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney The Law Offices of Fred Kresbach	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 04/28/2006	Phyllis Kupferstein 15518 Via Cantare Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney McDermott, Will & Emery	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 03/22/2006	L.A. Plaza Holdings LLC 495 Martin Lane Beverly Hills CA 90210 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/18/2006	L.A. Taxi Cooperative, Inc. dba Yellow Cab 2129 Rosecrans Ave. Gardena CA 90249 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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Schedule A Monetary Contributions Received

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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	53 / 130
I.D. Number 1266999	

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NAME OF FILER
Abbe Land for Assembly

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Rcpt Dt: 03/28/2006	Eugene La Pietra 6655 Santa Monica Hollywood CA 90038 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Nightclub Owner Circus Disco/Arena	500.00	500.00	1500.00 P 06
Rcpt Dt: 05/15/2006	Stuart Laff 469 Greencraig Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate DMJM	100.00	100.00	100.00 P 06
Rcpt Dt: 04/18/2006	Alice Lainer 28 Beverly Park Terrace Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 03/21/2006	Jeffrey Lambert 4603 Morse Ave. Sherman Oaks CA 91423 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Planning Consultant Lambert Consulting	500.00	500.00	1000.00 P 06
Rcpt Dt: 05/05/2006	James Lane 556 Indian Home Rd. Danville CA 94526 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
SUBTOTAL \$						

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	54 / 130
I.D. Number 1266999	

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NAME OF FILER
Abbe Land for Assembly

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: 04/25/2006	June Lang 3053 Hutton Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Alicia Lara 523 N. Norton Ave. Los Angeles CA 90004 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consulting Lara Consulting	100.00	100.00	200.00 P 06
Rcpt Dt: 05/16/2006	Ruth Lavine 10560 Wilshire Blvd., #1703 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	200.00	200.00	400.00 P 06
Rcpt Dt: 05/11/2006	Law Office Of David Mason Eichman 9200 Sunset Blvd., Suite 505 West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1500.00 P 06
Rcpt Dt: 05/03/2006	Law Offices of Murray D. Fischer 433 N. Camden Dr., Ste. 888 Beverly Hills CA 90210 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1500.00 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 55 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Ryan Leaderman 837 West Knoll Dr., #104 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney DLA Piper Rudnick	250.00	250.00	685.00 P 06
Rcpt Dt: 05/17/2006	Lee Andrews Group, Inc. 633 West 5th Street, Suite 2550 Los Angeles CA 90071 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 04/12/2006	Al Legittino 9480 Beverlycrest Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Sotheby's International Realty	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/18/2006	Bonnie Aaron Levin 800 W. First Street, #2305 Los Angeles CA 90012 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	225.00 P 06
Rcpt Dt: 04/11/2006	Helen Levin 5020 Tilden Ave., #C Sherman Oaks CA 91423 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner KMNB, Inc.	250.00	250.00	400.00 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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(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
	56 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/02/2006	Stuart Leviton 101 N. La Jolla Ave. West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Leviton Law Group, APC	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 04/28/2006	Michael Libow 516 N. Walden Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Coldwell Banker	180.00	180.00	605.00 P 06
Rcpt Dt: 04/07/2006	Paula Litt 900 Noveloa Rd. Alhambra CA 91801 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Litt, Estuar, Harrison, Miller & Kitson	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	David B. Littlefield 8355 Rosewood Ave., #7 West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Communications Officer The California Wellness Foundation	100.00	600.00	1300.00 P 06
Rcpt Dt: 05/20/2006	Local Societies of the CA Optometric Assn. PAC 2415 K Street Sacramento CA 95814 ID: 950393	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		3300.00	3300.00	3300.00 P 06
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
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- 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
	57 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/05/2006	Steve J. Lococo 8822 Burton Way Beverly Hills CA 90211 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Hair Dresser Lococo	1000.00	2000.00	3000.00 P 06
Rcpt Dt: 04/05/2006	Steve J. Lococo 8822 Burton Way Beverly Hills CA 90211 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Hair Dresser Lococo	1000.00	2000.00	3000.00 P 06
Rcpt Dt: 04/05/2006	Los Angeles African American Women PAC 3618 S. Muirfield Rd. Los Angeles CA 90016 ID: 902629	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/01/2006	Los Angeles County Firefighters Local #1014 Legislative Fund Committee 3480 Fletcher Ave. El Monte CA 91731 ID: 742008	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1500.00	1500.00	1500.00 P 06
Rcpt Dt: 05/17/2006	Anthony Lucente 11245 Valley Spring Ln. Studio City CA 91602 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Nissan North Ameica	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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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PTY - Political Party
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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
	58 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/11/2006	Gene Lucero 633 W. Fifth Street, Ste. 4000 Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Latham & Watkins	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/17/2006	Kayrene Lunday 1021 Westmount Drive, #201 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marketing Capital International	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Michael Lurey 633 W. 5th Street., Ste. 4000 Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Latham Watkins	500.00	500.00	700.00 P 06
Rcpt Dt: 03/31/2006	James Mangia 4139 Camino Real Los Angeles CA 90065 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO St. John's Well Child & Family Center	500.00	500.00	1000.00 P 06
Rcpt Dt: 04/25/2006	Simon Mani 801 S. Figueroa St., Ste. 1000 Los Angeles CA 90017 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Mani Brothers, LLC	500.00	500.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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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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
	59 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Anastasia Mann 8721 Sunset Blvd., Ste, 200 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Corniche Travel Group	500.00	500.00	500.00 P 06
Rcpt Dt: 05/05/2006	Thomas Mann 637 W. Knoll Dr., Apt. 306 Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent Missker Deasy & Doe Real Estate Services	100.00	100.00	200.00 P 06
Rcpt Dt: 05/09/2006	Alicia Mardini 1502 Wedgewood Way Upland CA 91786 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO East Valley Communtiy Health Center	150.00	150.00	300.00 P 06
Rcpt Dt: 04/14/2006	Laura Marie 11538 San Vicente Blvd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Coldwell Banker	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Mark Leno for Assembly 2006 584 Castro St., #414 San Francisco CA 94114 ID: 1272405	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.00	2000.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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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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
	60 / 130
I.D. Number 1266999	

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NAME OF FILER
Abbe Land for Assembly

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Rcpt Dt: 05/08/2006	Suzanne Marks 11443 Bolas St. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Walter N. Marks	500.00	500.00	500.00 P 06
Rcpt Dt: 04/18/2006	Luis Marquez 524 Norwich Dr. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Finance Citibank	250.00	250.00	750.00 P 06
Rcpt Dt: 04/10/2006	Claude Martinez 2569 Cranberry Ln. Hacienda Heights CA 91745 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator South Central Family Health Center	500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	Gregg Marx 10866 Wilshire Blvd., Suite 1100 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Performer Renaissance Productions, Inc.	25.00	125.00	125.00 P 06
Rcpt Dt: 05/18/2006	Gregg Marx 10866 Wilshire Blvd., Suite 1100 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Performer Renaissance Productions, Inc.	100.00	125.00	125.00 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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(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
	61 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/11/2006	Karen Mason 1466 Queens Road Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Circus of Books	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Barbara Masters 80 N. Raymond Ave., Apt. 207 Pasadena CA 91103 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Policy Director California Endowment	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Frank Matricardi 1056 Alvira St. Los Angeles CA 90035 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Health Care Consultant Frank Matricardi	100.00	100.00	100.00 P 06
Rcpt Dt: 04/24/2006	Mayer Brown Rowe & Maw LLP 350 S. Grand Avenue, 25th Floor Los Angeles CA 90071 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/02/2006	Kevin Mc Keown 848 E. 16th St. Santa Monica CA 90403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Kevin Mc Keown	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
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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
	62 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/03/2006	Meredith McKenzie 1167 Brunswick Lane Ventura CA 93001 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Broker Keller Williams Realty	100.00	100.00	200.00 P 06
Rcpt Dt: 04/18/2006	MediaPrep 601 W. 5th St., 4th Floor Los Angeles CA 90071 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 P 06
Rcpt Dt: 04/10/2006	Lauren Meister 337 Westbourne Drive West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Market Research Consulta- nt Meister Information Grou- p	50.00	350.00	1000.00 P 06
Rcpt Dt: 05/03/2006	Lauren Meister 337 Westbourne Drive West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Market Research Consulta- nt Meister Information Grou- p	200.00	350.00	1000.00 P 06
Rcpt Dt: 03/28/2006	Soraya Z. Melamed 500 Usher Place Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Melamed International	1000.00	1000.00	1500.00 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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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
	63 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/02/2006	Leah Mendelsohn 516 16th Street Santa Monica CA 90402 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	225.00 P 06
Rcpt Dt: 05/09/2006	Holly Mitchell 1312 Kenisten Ave. Los Angeles CA 90019 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Crystal Stairs	125.00	125.00	125.00 P 06
Rcpt Dt: 05/17/2006	Wendy Lee Mitchell 4009 Woodman Canyon Avenue Sherman Oaks CA 91423 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP Public Affairs Woodside Nat. Gos.	250.00	250.00	250.00 P 06
Rcpt Dt: 05/20/2006	Jacqueline Monash 9121 Auto Cedro Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Developer Jacqueline Monash	100.00	100.00	100.00 P 06
Rcpt Dt: 04/14/2006	Nancy Morgan 9100 Wilshire Blvd., Ste. 400W Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Producer Nancy Morgan	500.00	500.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	64 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/02/2006	Kerry Morrison 256 S. Norton Ave. Los Angeles CA 90004 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Property Owner Associate Hollywood Entertainment District	100.00	100.00	225.00 P 06
Rcpt Dt: 04/13/2006	Ari Moss 828 S. Bedford, #102 Los Angeles CA 90035 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Spiro Moss Barnes Harri- son & Barg LLP	25.00	200.00	200.00 P 06
Rcpt Dt: 03/21/2006	Carl Muhlstein 4426 Beck Ave. Studio City CA 91602 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Cushman & Wakefield	250.00	250.00	250.00 P 06
Rcpt Dt: 04/11/2006	Neill Murchison 8262 Norton Ave., Apt. 108 West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Law Enforcement Los Angeles County	100.00	100.00	600.00 P 06
Rcpt Dt: 04/28/2006	Stacy Murphy 6020 Elmer Ave. North Hollywood CA 91606 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assistant Director CBS	500.00	500.00	1000.00 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
	65 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/31/2006	Estella K. Mysels 621 S. Barrington Ave., Apt. 310 Los Angeles CA 90049-4444 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	500.00	500.00 P 06
Rcpt Dt: 03/31/2006	Nadel Architects, Inc. 1990 S. Bundy Dr., 4th Floor Los Angeles CA 90025 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 04/11/2006	Elizabeth Naftali 11971 Lockridge Rd. Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investments Elizabthe Naftali	500.00	500.00	500.00 P 06
Rcpt Dt: 04/18/2006	Mendes Napoli 8844 Olympic Blvd. Beverly Hills CA 90211 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Talent Agent Napoli Management	500.00	500.00	500.00 P 06
Rcpt Dt: 04/22/2006	National Assoc. of Social Workers CA PACE 1016 23rd St. Sacramento CA 95816 ID: 822532	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	3300.00	3300.00 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 _____	CALIFORNIA FORM 460
through _____	
66 / 130	
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/12/2006	National Assoc. of Social Workers CA PACE 1016 23rd St. Sacramento CA 95816 ID: 822532	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2300.00	3300.00	3300.00 P 06
Rcpt Dt: 05/04/2006	Younes Nazarian 1801 Century Park W., 5th Floor Los Angeles CA 90067 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO YSD Investments	250.00	250.00	250.00 P 06
Rcpt Dt: 05/20/2006	Steve Needleman 1621 N. Roxbury Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Anjac Fashion Buildings	500.00	500.00	500.00 P 06
Rcpt Dt: 05/03/2006	Brian Neimark 6100 Wilshire Blvd. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Gay Lesbian Elder Housin- g	100.00	100.00	650.00 P 06
Rcpt Dt: 04/11/2006	Irene Nevil 12062 Rose Marie Ln. Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	50.00	150.00	150.00 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
	67 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/15/2006	Irene Nevil 12062 Rose Marie Ln. Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	50.00	150.00	150.00 P 06
Rcpt Dt: 05/15/2006	Mary Lois Nevins 561 Bradford St. Pasadena CA 91105 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	200.00	200.00 P 06
Rcpt Dt: 05/03/2006	Mary Newcombe 628 Alameda St. Altadena CA 91001 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Caldwell, Leslie, Newcombe & Pettit	200.00	200.00	1200.00 P 06
Rcpt Dt: 05/18/2006	Joe Newlin 403 N. Summit Ave. Pasadena CA 91103 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Union Organizer CNA	525.00	525.00	525.00 P 06
Rcpt Dt: 04/20/2006	Jeanne Newman 16030 Ventura Blvd., Suite 380 Encino CA 91436 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Hanson, Jacobsen, Teller, Hoberman, et al.	1000.00	1000.00	1500.00 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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(other than PTY or SCC)
OTH - Other
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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
	68 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/04/2006	Rozann Newman 1136 San Ysidro Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	250.00 P 06
Rcpt Dt: 05/17/2006	Sara Rutherford Nichols 1824 Old Ranch Road Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	500.00	500.00	500.00 P 06
Rcpt Dt: 03/24/2006	Saeed Nikayin 2100 S. Figueroa St., Ste. 326 Los Angeles CA 90007 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor Kashmal Group of America	250.00	250.00	250.00 P 06
Rcpt Dt: 05/10/2006	Brian Nolan 12773 La Maida St. Valley Village CA 91607 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Health Administrator CCALAC	100.00	100.00	100.00 P 06
Rcpt Dt: 05/15/2006	Merry Norris 1473 Orille Dr. Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Art Consultant Merry Norris	200.00	200.00	200.00 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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(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
	69 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Marcy Norton 949 N. Kings. Rd., #215 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/02/2006	Terry Ogawa 742 W. 81st Street Los Angeles CA 90045 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Commission for Children, Youth & Their Families	250.00	250.00	250.00 P 06
Rcpt Dt: 04/28/2006	Douglas Ogden 8265 Santa Monica Blvd. West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Village Cleaners	500.00	500.00	500.00 P 06
Rcpt Dt: 03/24/2006	O'Melveny and Meyers PAC 400 S. Hope St., Ste. 1050 Los Angeles CA 90071 ID: 802120	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	Sharon O'Rourke 8126 Calabar Playa Del Rey CA 90293 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager CA Gas Company	100.00	100.00	300.00 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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(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
	70 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/28/2006	Nancy Oved 9903 Santa Monica Blvd., #484 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor Nancy Oved	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 03/28/2006	Rafi Oved 9903 Santa Monica Blvd., #484 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor Rafi Oved	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 03/28/2006	Terrence Pace 15432 Mar Vista St. Whittier CA 90605 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney FSPW Law LLP	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Pacificare 5995 Plaza Dr., CY20-583 Cypress CA 90630 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1200.00 P 06
Rcpt Dt: 03/31/2006	George Padilla 316 W. Ellis Avenue Inglewood CA 90302 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Banker Bank of America	500.00	500.00	1000.00 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
	71 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Palermo International Construction Inc. 739 N. Fairfax Ave. Los Angeles CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/10/2006	Paramount Pictures Group 5555 Melrose Ave. Los Angeles CA 90038 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/02/2006	Joanne J. Parker 1727 Warnall Ave. Los Angeles CA 90024-5358 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	300.00 P 06
Rcpt Dt: 05/17/2006	Joan Parry 224 Hannalei Dr. Vista CA 92083 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	75.00	125.00	300.00 P 06
Rcpt Dt: 05/08/2006	Pavley for Assembly 2004 6380 Wilshire Blvd., #1612 Los Angeles CA 90048 ID: 1251368	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2500.00	3000.00	3000.00 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 72 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/10/2006	Frank Peck 4055 Wilshire Blvd., Ste. 525 Los Angeles CA 90010 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Frank D. Peck Attorney At Law	500.00	500.00	500.00 P 06
Rcpt Dt: 04/25/2006	Murray Pepper 9744 Wilshire Blvd., #440 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President/Executive Home Silk Shop, Inc.	500.00	750.00	1000.00 P 06
Rcpt Dt: 05/15/2006	Murray Pepper 9744 Wilshire Blvd., #440 Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President/Executive Home Silk Shop, Inc.	250.00	750.00	1000.00 P 06
Rcpt Dt: 04/05/2006	Lisa Peterson 166 N. Canon Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Coldwell Banker	250.00	250.00	250.00 P 06
Rcpt Dt: 04/05/2006	Phoenix Waste & Recycling Services, LLC 4334 San Gabriel River Pkwy. Pico Rivera CA 90660 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1300.00	1300.00	2300.00 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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(other than PTY or SCC)
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PTY - Political Party
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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
	73 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/05/2006	Pink's Hot Dogs, Inc. 709 N. La Brea Ave. Los Angeles CA 90038 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 03/22/2006	Playboy Enterprises, Inc. 680 N. Lake Shore Dr. Chicago IL 60611 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/17/2006	Alan Poul 9255 Sunset Blvd., #901 Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Producer Boku Films	250.00	250.00	350.00 P 06
Rcpt Dt: 04/28/2006	Melanie S. Pozez 2655 Nichols Canyon Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Partner Meljay Partnership	250.00	250.00	600.00 P 06
Rcpt Dt: 04/11/2006	Dolores M. Press 942 7th St., # 1 Santa Monica CA 90403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	40.00	155.00	391.00 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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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
	74 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/11/2006	Dolores M. Press 942 7th St., # 1 Santa Monica CA 90403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	50.00	155.00	391.00 P 06
Rcpt Dt: 04/11/2006	Barbara Price 11500 San Vicente Blvd., #207 Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Linda Pura 3443 Lambeth St. Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Nurse Public Health Foundation	100.00	100.00	200.00 P 06
Rcpt Dt: 05/10/2006	Rita Pynoos 455 N. Palm Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer Rita Pynoos	100.00	100.00	100.00 P 06
Rcpt Dt: 03/28/2006	Jeffrey Quinn 232 S. Rimpau Blvd. Los Angeles CA 90004 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Industrial Psychologist Aon	100.00	100.00	100.00 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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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
	75 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Madeleine Rackley 1201 Larrabee St., #104 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Administrative Analyst City of Los Angeles	500.00	500.00	1000.00 P 06
Rcpt Dt: 04/28/2006	Lillian Raffel 601 N. Roxbury Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Activist N/A	500.00	500.00	1100.00 P 06
Rcpt Dt: 05/18/2006	Mary Rainwater 7503 Franklin Avenue Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Independent Healthcare Consultant Mary L. Rainwater	1000.00	1000.00	1850.00 P 06
Rcpt Dt: 05/18/2006	Mary J. Rapoport 559 Muskingum Ave. Pacific Palisades CA 90272 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Mary Rapoport, CFRE	100.00	400.00	900.00 P 06
Rcpt Dt: 03/31/2006	Peter Raulli 11829 Ventura Blvd. Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Manager Van Wagner Outdoor	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
	76 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Marise Relfe 1170 Monument St. Pacific Palisades CA 90272 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Marise Relfe	250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Reliable Energy Concepts Inc. 5144 North Commerce Avenue, Unit F Moorpark CA 93021 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/20/2006	Rob Rennig 963 Larabee St., Ste. 103 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Rob Rennig	250.00	250.00	250.00 P 06
Rcpt Dt: 03/27/2006	Bill Resnick 500 Westbourne Dr. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	1000.00	1000.00	2000.00 P 06
Rcpt Dt: 04/05/2006	Anne L. Rice 3470 Coy Drive Sherman Oaks CA 91423 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Government Affairs Manager The Southern California Regional Rail Authority	250.00	350.00	1150.00 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
	77 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Richard Abramson Architect 1340 North Havenhurst Dr. West Hollywood CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		325.00	425.00	725.00 P 06
Rcpt Dt: 03/22/2006	Brian G. Rix 277 S. Irving Blvd. Los Angeles CA 90004 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consulting Brian Rix & Associates	100.00	100.00	300.00 P 06
Rcpt Dt: 03/29/2006	Robert G. Splawn, M.D., Inc. 1133 N. Formosa Ave., #3 Los Angeles CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Shirley Roberts 1422 North Sweetzer Avenue, No. 209 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	500.00	500.00	500.00 P 06
Rcpt Dt: 03/31/2006	Robertson's 200 S. Main St., Ste. 200 Corona CA 92882 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	750.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(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
	78 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/04/2006	Reuben Robin 1478 Cardiff Ave. Los Angeles CA 90035 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Reuben Robin	250.00	250.00	250.00 P 06
Rcpt Dt: 05/10/2006	Gloria Rodriguez 5366 Stillwater Dr. Bellevue WA 98008 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Community Clinics of LA County	250.00	250.00	250.00 P 06
Rcpt Dt: 03/24/2006	Paul Rohrer 1625 Clear View Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Munger Tolles & Olson	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	Joyce L. Rooney 13080 Dronfield Ave., No. 73 Sylmar CA 91342 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Transportation Planner City of West Hollywood	100.00	100.00	100.00 P 06
Rcpt Dt: 05/17/2006	Wendy - Sue Rosen 3401 Mandeville Canyon Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Volunteer Community Activist N/A	500.00	2000.00	2000.00 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
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(other than PTY or SCC)
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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
	79 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 04/18/2006	Wendy - Sue Rosen 3401 Mandeville Canyon Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Volunteer Community Activist N/A	500.00	2000.00	2000.00 P 06
Rcpt Dt: 05/20/2006	Wendy - Sue Rosen 3401 Mandeville Canyon Rd. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Volunteer Community Activist N/A	1000.00	2000.00	2000.00 P 06
Rcpt Dt: 05/17/2006	Suzanne Rosenblatt 454 S. Irving Boulevard Los Angeles CA 90020 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Suzanne Rosenblat	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Edward Rosenson 2144 Banyan Dr. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Edward Rosenson	200.00	200.00	200.00 P 06
Rcpt Dt: 05/08/2006	Gary Ross 8383 Wilshire Blvd., Ste. 500 Beverly Hills CA 90211 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Producer Gary Ross	200.00	200.00	200.00 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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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
	80 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/23/2006	David M. Rothman 1738 Canfield Ave. Los Angeles CA 90035 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.00	250.00 P 06
Rcpt Dt: 04/28/2006	Douglas S. Routh 1365 N. Wetherly Drive Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	300.00	500.00	1000.00 P 06
Rcpt Dt: 03/18/2006	RS Lotus/Milbank TIC 999 N. Sepulveda Blvd., Suite 600 El Segundo CA 90245 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00 P 06
Rcpt Dt: 03/31/2006	S. Carol Massie, Inc. dba McDonald's 1413 North Vine St. Hollywood CA 90028 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1050.00 P 06
Rcpt Dt: 05/03/2006	S.C. Club, LP 9039 W. Sunset Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	750.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period.
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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
	81 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/04/2006	Lois Saffian 5680 Hill Oak Dr. Los Angeles CA 90068 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	275.00 P 06
Rcpt Dt: 04/05/2006	Susan Salenger 4245 Clear Valley Drive Encino CA 91436 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Susan Salenger	100.00	100.00	400.00 P 06
Rcpt Dt: 05/02/2006	Avram Salkin 400 Comstock Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Hochman, Salkin, Rettig, Toscher & Perez, P.C.	100.00	100.00	100.00 P 06
Rcpt Dt: 05/17/2006	Lauren Joy Sand 630 North Saltair Avenue Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Lauren Sand	200.00	200.00	200.00 P 06
Rcpt Dt: 05/10/2006	Santa Palm Car Wash 8787 Santa Monica Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ 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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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
	82 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Daniel Saxon 552 Norwich Drive West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Art Gallery Owner Daniel Saxon Gallery	100.00	100.00	200.00 P 06
Rcpt Dt: 05/17/2006	Scalo-Guye Gallery LLC 302 North Robertson Boulevard West Hollywood CA 90048 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 P 06
Rcpt Dt: 04/10/2006	Maggi Scharf 408 Calle Miramar Redondo Beach CA 90277 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Market Research Maggi Scharf	200.00	200.00	550.00 P 06
Rcpt Dt: 05/20/2006	Stephen Schwartz 5901 Olympic Blvd., Ste. 509 Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Podiatrist Stephen Schwartz	100.00	100.00	300.00 P 06
Rcpt Dt: 03/22/2006	Donald A. Scott 1043 Embury St. Pacific Palisades CA 90272 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Finance First Financial Bancorp.	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.) \$ _____
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- 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 83 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/10/2006	Robert Sears 2236 N. Alvarado St. Los Angeles CA 90039 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor UCLA	500.00	500.00	500.00 P 06
Rcpt Dt: 05/15/2006	Margie Seigle 4929 Dunsmore Ave. La Crescenta CA 91214 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO California Family Health Council, Inc.	50.00	300.00	800.00 P 06
Rcpt Dt: 03/22/2006	Margie Seigle 4929 Dunsmore Ave. La Crescenta CA 91214 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO California Family Health Council, Inc.	250.00	300.00	800.00 P 06
Rcpt Dt: 05/09/2006	Gerald Shapiro 444 S. Flower St. Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pharmacist Uptown Drug Co.	252.00	406.00	906.00 P 06
Rcpt Dt: 04/05/2006	Gerald Shapiro 444 S. Flower St. Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pharmacist Uptown Drug Co.	154.00	406.00	906.00 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.
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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
	84 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Brett Shaw 11741 W. Pico Blvd. Los Angeles CA 90034 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Brett Shaw	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	Cass Shaw 13520 Mas du Fou Silver City NM 88062 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	425.00 P 06
Rcpt Dt: 05/18/2006	David Shaw 3636 Barry Avenue Mar Vista CA 90066 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Quantum, Inc.	250.00	250.00	350.00 P 06
Rcpt Dt: 03/22/2006	Lorraine Sheinberg 1158 Tower Rd. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Film Producer Bubble Factory	1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/18/2006	Curtis Shepard 1261 Shadow Hill Way Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Gov't Relations L.A. Gay and Lesbian Center	250.00	250.00	750.00 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.
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COM - Recipient Committee
(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 85 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/08/2006	Abby Sher 3200 Airport Ave., #27 Santa Monica CA 90405 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Edgemar	100.00	100.00	100.00 P 06
Rcpt Dt: 04/13/2006	Toni Sherman 3245 Oakdell Lane Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Interior Designer Toni Sherman Interiors LLC	500.00	600.00	1200.00 P 06
Rcpt Dt: 05/18/2006	Toni Sherman 3245 Oakdell Lane Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Interior Designer Toni Sherman Interiors LLC	100.00	600.00	1200.00 P 06
Rcpt Dt: 05/18/2006	William J. Sherry 6960 Hyde Park Dr., #18 San Diego CA 92119 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	200.00 P 06
Rcpt Dt: 05/18/2006	Arnold I. Sherwood 2282 Ronda Vista Drive Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Urban Planner Arnold I. Sherwood	100.00	100.00	100.00 P 06
SUBTOTAL \$						

Schedule A Summary

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- Total monetary contributions received this period.
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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
	86 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/11/2006	Kazue Shibata 11959 Mayfield Ave #3 Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator Asian Pacific Healthcare	200.00	200.00	400.00 P 06
Rcpt Dt: 05/18/2006	Elhem Shirazi 10717 Wilshire Blvd., Ste. 803 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Transportation E-Planning	200.00	200.00	250.00 P 06
Rcpt Dt: 04/13/2006	Milton Sidley 10550 Wilshire Blvd., #101 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/19/2006	G. Daniel Siegel 9030 Rangely Avenue West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Keller Williams Realty	100.00	100.00	600.00 P 06
Rcpt Dt: 04/07/2006	Beth Sieroty - Meltzer 727 N. Camden Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Social Worker Beth Sieroty-Meltzer	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 \$** _____

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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
	87 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Lee Silver 265 S. Oakhurst Drive Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Ervin, Cohen & Jessup	2300.00	2300.00	3300.00 P 06
Rcpt Dt: 05/02/2006	Jackie Silverman 426 S. Peck Rd. Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Art Appraiser Jackie Silverman	250.00	250.00	250.00 P 06
Rcpt Dt: 05/02/2006	Lida Simhaee 112 N. Maple Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/02/2006	Debra Smalley 8306 Wilshire Blvd., #1688 Beverly Hills CA 90211 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Windermere Properties	250.00	250.00	250.00 P 06
Rcpt Dt: 05/02/2006	Sondra Smalley 963 Stone Canyon Rd. Los Angeles CA 90077 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Windermere Properties	250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period.
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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
	88 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	Gene R. Smith 1235 N. Larrabee Street West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Gene Smith	100.00	100.00	100.00 P 06
Rcpt Dt: 05/10/2006	Gordon Smith 1120 Angelo Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 04/18/2006	Anson Snyder 1660 Bay St. San Francisco CA 94123 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Banker Wells Fargo Bank	500.00	500.00	1000.00 P 06
Rcpt Dt: 04/25/2006	Norman Solomon 929 E. 2nd St., Ste. 101 Los Angeles CA 90012 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Metro Resources	500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	Sona, LLC 373 N. La Cienega Blvd. West Hollywood CA 90048 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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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
	89 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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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: 05/08/2006	Maxine Sonnenburg 1033 N. Carol Dr., Ste. 401 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Legal Communications Company	250.00	250.00	250.00 P 06
Rcpt Dt: 05/02/2006	Behnam Soroudi 661 N. Harper Ave. #200 Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Investor Harper Enterprises LLC	500.00	500.00	2500.00 P 06
Rcpt Dt: 05/04/2006	Christine Spagnoli 100 Wilshire Blvd., Ste. 2100 Santa Monica CA 90401 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Greene Broillet et al	500.00	500.00	500.00 P 06
Rcpt Dt: 05/01/2006	Donald E. Spetner 110 S. Irving Blvd. Los Angeles CA 90004 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sr. VP of Marketing Korn/Ferry International	1000.00	1000.00	3000.00 P 06
Rcpt Dt: 03/31/2006	Patrick Spillane 515 S. Figueroa St., Ste. 1600 Los Angeles CA 90071 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate IDS Real Estate Group	250.00	250.00	250.00 P 06

SUBTOTAL \$

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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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
	90 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Janis Spire 1121 Garfield Ave. Venice CA 90291 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director The Alliance for Children	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Starbuzz Inc. 7475 Santa Monica Blvd. West Hollywood CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/17/2006	Maureen D. Steinberg 217 E. Hellman Avenue Alhambra CA 91801 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Keller Williams Realty	100.00	100.00	100.00 P 06
Rcpt Dt: 05/17/2006	Nancy Stephens 255 North Saltair Ave. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Actor Nancy Stephens	1000.00	1000.00	3000.00 P 06
Rcpt Dt: 05/12/2006	Louis Stern 9002 Melrose Ave. West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Art Dealer Louis Stern Fine Arts	250.00	250.00	250.00 P 06
SUBTOTAL \$						

Schedule A Summary

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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
	91 / 130
I.D. Number 1266999	

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NAME OF FILER
Abbe Land for Assembly

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: 05/20/2006	Monte Stettin 2429 N. Via Monte Vista Palm Springs CA 92262 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Developer Monte Stettin	100.00	100.00	100.00 P 06
Rcpt Dt: 05/10/2006	Corky Stoller 9100 Oriole Wy. Los Angeles CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Music Producer Corky Stoller	250.00	250.00	250.00 P 06
Rcpt Dt: 04/25/2006	Daniel Stone 6330 W. 5th St. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Cedars-Sinai	100.00	100.00	1100.00 P 06
Rcpt Dt: 05/17/2006	David Sudeck 3881 Berry Drive Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Kinnard Development	125.00	125.00	125.00 P 06
Rcpt Dt: 05/15/2006	George Sugarman 4541 Babcock Avenue Studio City CA 91604 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Decorative Carpets, Inc.	200.00	200.00	250.00 P 06
SUBTOTAL \$						

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	92 / 130
I.D. Number 1266999	

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NAME OF FILER
Abbe Land for Assembly

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Rcpt Dt: 05/03/2006	Timothy Sullivan 1252 N. Havenhurst Dr., Apt.#17 West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Timothy Jay Candles	100.00	100.00	100.00 P 06
Rcpt Dt: 04/28/2006	Julie Summers 1425 N. Crescent Heights, Apt. 307 West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Julie D. Summers	100.00	350.00	1750.00 P 06
Rcpt Dt: 03/24/2006	Sunset Sherbourne Holdings LLC 712 N. Arden Drive Beverly Hills CA 90210 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1000.00 P 06
Rcpt Dt: 05/08/2006	Janis Susskind 282 N. Saltair Ave. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investments Janis Susskind	250.00	250.00	250.00 P 06
Rcpt Dt: 04/13/2006	Peter Sykes 1950 S. Beverly Glen Blvd., Ste. 202 Los Angeles CA 90025 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner/Operator The Hollywood Spa	250.00	250.00	1750.00 P 06
SUBTOTAL \$						

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Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	93 / 130

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Abbe Land for Assembly	I.D. Number 1266999
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Rcpt Dt: 05/20/2006	Scott Taylor 2316 Ventura Blvd., Ste. 100 Woodland Hills CA 91364 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Woodlake Law Corporation	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	Kirby Tepper 6610 Laland Wy. Los Angeles CA 90017 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Kirby Tepper	250.00	250.00	250.00 P 06
Rcpt Dt: 05/18/2006	Elwood C. Tescher 1762 Blossom Ct. Thousand Oaks CA 91320 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Urban Planner EIP Associates	250.00	250.00	500.00 P 06
Rcpt Dt: 05/20/2006	The Doctors' Company PAC 135 Greenwood Rd. Napa CA 94558 ID: 923140	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00 P 06
Rcpt Dt: 05/07/2006	The Empty Vase, Inc. 9033 Santa Monica Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
SUBTOTAL \$						

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Schedule A Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	94 / 130
I.D. Number 1266999	

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NAME OF FILER
Abbe Land for Assembly

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: 05/18/2006	The Law Office of Wayne Avrashow 16133 Ventura Boulevard, Suite 920 Encino CA 91436 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	300.00	1300.00 P 06
Rcpt Dt: 05/16/2006	Brian Theobald 3526 Lowry Rd. Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President BKS Development Co.	250.00	250.00	350.00 P 06
Rcpt Dt: 04/20/2006	Thomas Safran & Associates 11812 San Vicente Blvd., #600 Los Angeles CA 90049 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 05/18/2006	Eric W. Thompson 943 Westbourne Dr. #2 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Counsel Twentieth Century Fox	250.00	250.00	750.00 P 06
Rcpt Dt: 05/10/2006	Marie S. Torres 2116 Joan Dr. Hacienda Heights CA 91745 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior V.P. Gov't Relations Alt Med Health Services Corp.	100.00	100.00	200.00 P 06
SUBTOTAL \$						

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Schedule A

Monetary Contributions Received

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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	95 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

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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: 05/17/2006	Train West Hollywood 624 N. La Cienega Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1850.00 P 06
Rcpt Dt: 05/15/2006	Julie Tugend 3377 Ley Drive Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Julie Tugend Consulting	100.00	100.00	200.00 P 06
Rcpt Dt: 04/28/2006	Catherine Unger 315 Conway Ave. Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Catherine Unger	200.00	200.00	1200.00 P 06
Rcpt Dt: 04/20/2006	United Valet Parking, Inc. 5839 Green Valley Cir., Ste. 202 Culver City CA 90230 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	1100.00	2600.00 P 06
Rcpt Dt: 05/19/2006	Universal City Studios LLLP 100 Universal City Plaza Universal City CA 91608 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
SUBTOTAL \$						

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Schedule A

Monetary Contributions Received

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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	96 / 130
I.D. Number 1266999	

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Abbe Land for Assembly

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: 05/16/2006	Leslie Vermut 229 N. Saltair Ave. Los Angeles CA 90049 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Weinberger Assest Manage- ment Inc.	100.00	100.00	100.00 P 06
Rcpt Dt: 05/15/2006	W.H.B.T. Inc. 8857 Santa Monica Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	1500.00 P 06
Rcpt Dt: 05/02/2006	W.M. Albert & Associates 305 North Second Ave., #333 Upland CA 91786-6064 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	450.00 P 06
Rcpt Dt: 04/24/2006	Mary Jane Wagle 10794 Weyburn Ave. Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Planned Parenthood of LA	1000.00	1800.00	3300.00 P 06
Rcpt Dt: 05/17/2006	Mary Jane Wagle 10794 Weyburn Ave. Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Planned Parenthood of LA	800.00	1800.00	3300.00 P 06
SUBTOTAL \$						

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- 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
	97 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 03/21/2006	Amy Wakeland 2120 Avon St. Los Angeles CA 90026 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Amy Wakeland	250.00	250.00	500.00 P 06
Rcpt Dt: 05/18/2006	Richard Walden 927 S. Burnside Ave. Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Operation USA	100.00	100.00	100.00 P 06
Rcpt Dt: 05/05/2006	Belinda Walker 3560 Lowry Rd. Los Angeles CA 90027 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Volunteer N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/17/2006	Charlie Ward 7939 Hillside Ave. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Rosa Ward	500.00	500.00	500.00 P 06
Rcpt Dt: 03/24/2006	Debra M. Ward 396 Buena Loma Court Altadena CA 91001 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy Director Community Clinic Association	250.00	350.00	600.00 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
	98 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/10/2006	Debra M. Ward 396 Buena Loma Court Altadena CA 91001 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy Director Community Clinic Association	100.00	350.00	600.00 P 06
Rcpt Dt: 05/04/2006	Warne Lo, LLC 8288 Santa Monica Blvd. West Hollywood CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 04/28/2006	Carmen Warschaw 518 Gunthry Rd. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	1300.00	1300.00	1300.00 P 06
Rcpt Dt: 04/28/2006	Lenore Wax 341 N. Poinsettia Pl. Los Angeles CA 90036 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Optical Manager Jax Wax, M.D.	500.00	500.00	1000.00 P 06
Rcpt Dt: 05/15/2006	Stephen Wayland 7911 Romaine St., #5 West Hollywood CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director PAWS/LA	250.00	250.00	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
	99 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/28/2006	Bonnie C. Webb 317 S. Oakhurst Drive Beverly Hills CA 90212 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales Tilles, Webb, Kulla & Grant	100.00	100.00	450.00 P 06
Rcpt Dt: 05/18/2006	Debbie Webbe 1306 N. McCadden Pl. Hollywood CA 90028 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educational Consultant Debbie Webbe	500.00	500.00	500.00 P 06
Rcpt Dt: 05/04/2006	Monica Weil 8945 Wonderland Park Ave. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Monica Weil	100.00	100.00	100.00 P 06
Rcpt Dt: 04/11/2006	Judith Weinstein 9509 Heather Rd. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Meridith Weiss 1008 2nd St., #205 Santa Monica CA 90403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Wells Fargo	100.00	100.00	100.00 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
	100 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/15/2006	Sylvia Weisz 10580 Wilshire Boulevard, Box 83 Los Angeles CA 90024 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 P 06
Rcpt Dt: 03/31/2006	West 27th St., LLC 1425 W. 7th St. Los Angeles CA 90017 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 P 06
Rcpt Dt: 05/20/2006	West Hollywood Picture Framing 8912 Sunset Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		50.00	250.00	950.00 P 06
Rcpt Dt: 03/20/2006	West Hollywood Picture Framing 8912 Sunset Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		50.00	250.00	950.00 P 06
Rcpt Dt: 04/20/2006	West Hollywood Picture Framing 8912 Sunset Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		50.00	250.00	950.00 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 460 101 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/03/2006	West Knoll Pharmacy 8547 Santa Monica Blvd. West Hollywood CA 90069 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 P 06
Rcpt Dt: 03/29/2006	Westside Wholesale Electric & LTG., Inc. 7122 Beverly Blvd. Los Angeles CA 90036 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 04/20/2006	Lois Williams 9732 Via Siena Burbank CA 91504 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	250.00	350.00 P 06
Rcpt Dt: 04/05/2006	Lois Williams 9732 Via Siena Burbank CA 91504 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	150.00	250.00	350.00 P 06
Rcpt Dt: 04/25/2006	Renee Dake Wilson 8717 Dorrington Ave. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Dake Wilson Architects	250.00	350.00	1100.00 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
	102 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/02/2006	Renee Dake Wilson 8717 Dorrington Ave. West Hollywood CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Dake Wilson Architects	100.00	350.00	1100.00 P 06
Rcpt Dt: 04/10/2006	Russell K. Wilson 8914 Santa Monica Blvd. West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Koontz Hardware	500.00	500.00	850.00 P 06
Rcpt Dt: 05/03/2006	Winner & Associates, Inc. 16501 Ventura Blvd., Ste. 605 Encino CA 91436 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 06
Rcpt Dt: 04/25/2006	Richard Wirth 17333 Tramonto #3 Pacific Palisades CA 90272 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Richard Wirth	500.00	500.00	500.00 P 06
Rcpt Dt: 05/17/2006	Janet Witkin 345 Pioneer Dr., No. 1802 W. Glendale CA 91203 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Alternative Living for the Aging	100.00	100.00	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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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
	103 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/02/2006	Jamie Rosenthal Wolf 812 N. Foothill Rd. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Jamie Rosenthal Wolf	750.00	750.00	1750.00 P 06
Rcpt Dt: 05/17/2006	Paula D. Woodley 1025 N. Kings Road, #208 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher USC	100.00	100.00	100.00 P 06
Rcpt Dt: 05/11/2006	Kimberly Wyard 9617 Rathburn Ave. Northridge CA 91325-1737 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Northeast Valley Health Corp	250.00	250.00	500.00 P 06
Rcpt Dt: 05/18/2006	Joel Wyatt 927 N. Kings Rd. #215 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Fundraiser The Travel Project	100.00	100.00	100.00 P 06
Rcpt Dt: 05/19/2006	Laura Yamanaka 23958 Columbia Crt. Valencia CA 91355 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Team CFO	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 \$** _____

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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
	104 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/11/2006	Ruby B. Yaryan 906 N. Doheny Dr. #502 West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clinical Psychologist LA County Department of Mental Health	500.00	500.00	1250.00 P 06
Rcpt Dt: 03/29/2006	George Yin 353 W. Avenue 41 Los Angeles CA 90065 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Burke, Williams & Sorensen, LLP	250.00	250.00	250.00 P 06
Rcpt Dt: 05/15/2006	Eli Yomtov 11311 Venice Blvd. Los Angeles CA 90066 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Engineer E.W. Moon, Inc.	100.00	100.00	100.00 P 06
Rcpt Dt: 04/20/2006	Cheri Yousem 705 N. Rexford Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Volunteer Cheri Yousem	100.00	100.00	100.00 P 06
Rcpt Dt: 05/18/2006	Laurence S. Zakson 9015 Elevado Ave. West Hollywood CA 90069 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Reich, Adell, Crost & Cvitan	954.00	954.00	954.00 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
	105 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 05/17/2006	Deann Zampelli 1514 Sunset Plaza Dr. Los Angeles CA 90069-1344 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Restaurant Owner Deanne Zampelli	500.00	500.00	750.00 P 06
Rcpt Dt: 05/03/2006	Michael Zannella 8745 Dorrington Ave. West Hollywood CA 90048-1725 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Jean Doumanian Production- ns-N.Y.C.	250.00	250.00	650.00 P 06
Rcpt Dt: 04/20/2006	Marvin Zeidler 401 N. Cliffwood Ave. Los Angeles CA 90017 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Broadway Deli	100.00	100.00	100.00 P 06
Rcpt Dt: 05/20/2006	Semyon Zeretsky 6225 Wilshire Blvd. Los Angeles CA 90048 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager International Hearing Aid Center	100.00	100.00	100.00 P 06
Rcpt Dt: 03/24/2006	Marilyn Ziering 720 North Walden Drive Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Diagnostic Products, Inc.	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
	106 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

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: 04/07/2006	Anne Zimmerman 15541 Woodcrest Dr. Sherman Oaks CA 91403 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect AZ Architecture Studio	250.00	250.00	500.00 P 06
Rcpt Dt: 05/20/2006	Myrna Zimmerman 718 N. Alpine Dr. Beverly Hills CA 90210 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	500.00	500.00	500.00 P 06
Rcpt Dt: 05/03/2006	Donald Zuidema 2550 Zorada Dr. Los Angeles CA 90046 ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retail L.A.S.C.	250.00	250.00	250.00 P 06

SUBTOTAL \$ 184985.00

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 C

Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	107 / 130
I.D. Number 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

DATE RECEIVED	FULL NAME, STREET 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 05/04/2006	Friends of Laurence Zakson 3350 Wilshire Blvd., #2000 Los Angeles CA 90010 ID: 1283897	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		Literature	2094.00	2094.00	2094.00 P 06
Rcpt Dt: 05/18/2006	Global Cuisine by Gary Arabia LLC 1041 N. Formosa Ave. West Hollywood CA 90046 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Food and beverages	3300.00	3300.00	3300.00 P 06

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5394.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)..... \$ 5394.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 5394.00**

*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

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

SCHEDULE D

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	108 / 130
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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)
05/10/2006	West Hollywood Democratic Club	☒ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		750.00	750.00	800.00 P 06
	District No: ☒ Support ☐ Oppose					

SUBTOTAL \$ 750.00

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 750.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 750.00

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
	109 / 130
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Adrianna Babior ID: 1531 Purdue Ave. Los Angeles CA 90025	CNS			4400.00
All Direct Mail Services, Inc. ID: 7040 Lankershim Blvd. North Hollywood CA 91605	LIT			20024.43
All Direct Mail Services, Inc. ID: 7040 Lankershim Blvd. North Hollywood CA 91605	POS			151220.50

* 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.)	\$ 399278.09
2. Unitemized payments made this period of under \$100.	\$ 0.00
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 \$ 399278.09

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
	110 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
American Express Merchant Services P.O. Box 360002 Fort Lauderdale FL 33336	ID:	OFC		206.16
Andrew Cartwright 660 Kelton Ave. Los Angeles CA 90024	ID:	CNS		6000.00
California Bank & Trust 550 S. Hope Street Los Angeles CA 90071	ID:	OFC		612.00

* 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.) \$ _____
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 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
	111 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
California Latino Voters' Guide 930 Colorado Blvd. Bldg. 2 Los Angeles CA 90041	LIT			626.00
Coalition for Senior Citizen Security 2350 Hidalgo Ave. Los Angeles CA 90039	PRT			2890.00
Colby Poster Printing Co. 1332 West 12th Place Los Angeles CA 90015-2089	CMP			1693.03

* 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.) \$ _____
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 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
	112 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Commonwealth Communications ID: 155 Sansome St. Ste. 550 San Francisco CA 94104	LIT			6874.96
Cops Voter Guide ID: 705-2 E. Bidwell Street #370 Folsom CA 95630	LIT			5131.00
Council of Concerned Women Voters ID: 2350 Hidalgo Ave. Los Angeles CA 90039	PRT			2099.00

* 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.) \$ _____
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 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
	113 / 130
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Daniel Tamm 14328 Miranda Street ID: _____ Van Nuys CA 91401	SAL			6647.46
Daniel Tamm 14328 Miranda Street ID: _____ Van Nuys CA 91401	OFC			559.25
Daniel Tamm 14328 Miranda Street ID: _____ Van Nuys CA 91401	MTG			47.41

* 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.) \$ _____
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 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
	114 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Daniel Tamm 14328 Miranda Street Van Nuys CA 91401	POS			117.00
Employment Development Dept. P.O. Box 826276 Sacramento CA 94230			Payroll Taxes	166.10
Fox Printing Co., Inc. 9330 San Fernando Rd. Sun Valley CA 91605	OFC			32681.76

* 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.) \$ _____
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 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
	115 / 130
	ID. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Fox Printing Co., Inc. 9330 San Fernando Rd. Sun Valley CA 91605	LIT			46907.97
Internal Revenue Service 300 N. Los Angeles St. Los Angeles CA 90012			Payroll Taxes	3917.53
Jeffrie Luras c/o Mitrah Rasti 1242 S. Holt #105 Los Angeles CA 90035	SAL			351.00

* 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.) \$ _____
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 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
	116 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
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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
Jim Malinda ID: 1512 Berkeley St. Apt. A Santa Monica CA 90404	OFC			585.00
John F. Kennedy Alliance ID: 555 S. Flower Street #4210 Los Angeles CA 90071	LIT			4500.00
Kaufman Downing LLP ID: 777 S. Figueroa St., Suite 4050 Los Angeles CA 90017	OFC			2216.19

* 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.) \$ _____
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 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
	117 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Kaufman Downing LLP 777 S. Figueroa St., Suite 4050 Los Angeles CA 90017	PRO			1400.00
Lou Moench 836 Ashland Avenue #1 Santa Monica CA 90405	SAL			2627.88
Lou Moench 836 Ashland Avenue #1 Santa Monica CA 90405	OFC			466.70

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

SUBTOTAL \$

Schedule E Summary

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

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
	118 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
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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
Lou Moench 836 Ashland Avenue #1 Santa Monica CA 90405	MTG			77.08
Meeno Peluce 2445 Metzler Dr. Los Angeles CA 90031	OFC			1950.00
Norma Kemper 1002 N. La Jolla Ave. West Hollywood CA 90046	SAL			325.00

* 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.) \$ _____
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 E Payments Made

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

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460 119 / 130 I.D. NUMBER 1266999
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
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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
Our Voice Latino Voter Guide 2350 Hidalgo Ave. Los Angeles CA 90039	LIT			462.00
Owen Croak 1638 1/2 Exposition Blvd. Los Angeles CA 90018	SAL			351.00
Political Data Inc. 825 S. Victory Blvd. Burbank CA 91502	POL			9289.85

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

SUBTOTAL \$

Schedule E Summary

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

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
	120 / 130
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Precision Printing & Design 14544 Keswick St. ID: _____ Van Nuys CA 91405	LIT			3672.52
Robin Saporito 11785 Laurelwood #12 ID: _____ Studio City CA 91604	SAL			312.00
Rocio Andrade 5320 W. Olympic Blvd. #27 ID: _____ Los Angeles CA 90036	SAL			312.00

* 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.) \$ _____
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 E Payments Made

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

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460 121 / 130
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
RowlandEgan Design Group, LLC 1 South Fair Oaks #402 Pasadena CA 91105	LIT			2598.00
SBC 370 Third St. Room 411 San Francisco CA 94107	OFC			6031.24
SG & A Campaigns, Inc. 600 Playhouse Alley Ste. 504 Pasadena CA 91101	CNS			9000.00

* 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.) \$ _____
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 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
	122 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
SG & A Campaigns, Inc. ID: 600 Playhouse Alley Ste. 504 Pasadena CA 91101	LIT			516.00
Sheldon H Sloan APC ID: 1801 Avenue of the Stars Suite 417 Los Angeles CA 90067	RFD			250.00
Shirin Buckman ID: 1221 N. Orange Drive #115 Los Angeles CA 90035	OFC			44.45

* 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.) \$ _____
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 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
	123 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Shirin Buckman ID: 1221 N. Orange Drive #115 Los Angeles CA 90035	SAL			113.77
Star Payroll ID: 41811 Big Bear Blvd., Suite 5 Big Bear Lake CA 92315	OFC			135.00
Steve Fukushima ID: 611 Levering Ave. # 9 Los Angeles CA 90024	SAL			3142.48

* 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.) \$ _____
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 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
	124 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Steve Fukushima 611 Levering Ave. # 9 ID: Los Angeles CA 90024	OFC			161.18
Steve Fukushima 611 Levering Ave. # 9 ID: Los Angeles CA 90024	FND			160.85
The Stationery Place 1348 Venice Blvd. ID: Los Angeles CA 90006	LIT			26358.92

* 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.) \$ _____
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 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
	125 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Tom Keating 2437 Corinth Ave. #103 Los Angeles CA 90064	CNS			5600.00
United States Postmaster 1125 N. Fairfax Ave. West Hollywood CA 90046	POS			6657.50
West Hollywood Democratic Club P.O. Box 691005 West Hollywood CA 90069	CTB			750.00

* 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.) \$ _____
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 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
	126 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Your Ballot Guide 15030 Ventura Blvd. #530 ID: Sherman Oaks CA 94103	LIT			4600.00
Zata 3 Consutling, LLC 1200 G Street NW Suite 800 ID: Washington DC 20005	CNS			10882.72
Citi Mastercard P.O. Box 6000 ID: The Lakes NV 89163			Credit Card Payment	556.20

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

SUBTOTAL \$

Schedule E Summary

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

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
	127 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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
Southwest Airlines 2425 Wyman Street Dallas TX 75235	TRC		info[471.20]

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

SUBTOTAL \$ 399278.09

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.

SCHEDULE F

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
128 / 130	
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

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	(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: Kaufman Downing LLP 777 S. Figueroa St., Suite 4050 Los Angeles CA 90017	OFC	0.00	121.38	0.00	121.38
ID: Kaufman Downing LLP 777 S. Figueroa St., Suite 4050 Los Angeles CA 90017	PRO	0.00	1518.00	0.00	1518.00

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

SUBTOTALS \$ 0.00 \$ 1639.38 \$ 0.00 \$ 1639.38

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 \$** 1639.38
- 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 \$** 1639.38
May be a negative number

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	129 / 130
	I.D. NUMBER 1266999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Abbe Land for Assembly

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SG & A Campaigns, Inc.

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Corbis 3455 S. La Cienega Blvd. Los Angeles CA 90016		CMP		516.00
ID:				
ID:				
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
130 / 130	
I.D. NUMBER 1266999	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for Assembly

NAME OF AGENT OR INDEPENDENT CONTRACTOR

All Direct Mail Services, Inc.

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postmaster 1125 N. Fairfax Ave. ID: West Hollywood CA 90046	POS			134920.50
ID:				
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.