

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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CITY OF WEST HOLLYWOOD

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OFFICE OF THE CITY CLERK

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 3

For Official Use Only

Statement covers the period of election if applicable
from 07/01/2009 through 12/31/2009
(Month, Day, Year)

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

ID NUMBER
1247075

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

Abbe Land for City Council

STREET ADDRESS (NO PO BOX)

1021 Westmount Dr. #301

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069

(310) 360-1638

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX

c/o ML Associates 8581 Santa Monica Blvd. #504

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kevin Sumida

MAILING ADDRESS

8265 Sunset Blvd, Suite 204

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90046

(323) 654-2387

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 1/30/10

Date

Executed on 1-13-10

Date

Executed on

Date

Executed on

Date

By

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**

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**CALIFORNIA
FORM**

460

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Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	Date of election if applicable (Month, Day, Year) _____
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
<small>(Also file a Form 410 Termination)</small> | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ Amendment (Explain below)

_____ | |

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ID NUMBER
1247075

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

Abbe Land for City Council

STREET ADDRESS (NO PO BOX)

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CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069 (310) 360-1638

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

c/o ML Associates 9581 Santa Monica Blvd. #504

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kevin Sumida

MAILING ADDRESS

8265 Sunset Blvd., Suite 204

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West Hollywood, CA 90046 (323) 654-2387

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

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OPTIONAL FAX / E-MAIL ADDRESS

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Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink

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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)

City Council Member
West Hollywood

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

1021 Westmount Dr #301 West Hollywood, CA 90069

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 make expenditures on behalf of your candidacy.*

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed 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 Candidate/Officeholder 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.

COPY

SUMMARY PAGE

Statement covers period

from 07/01/2009

through 12/31/2009

CALIFORNIA
FORM

460

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ID NUMBER
1247075

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A, Line 3	\$ 0 00	\$ 0 00
2 Loans Received	Schedule B, Line 3	0 00	0 00
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0 00	\$ 0 00
4 Nonmonetary Contributions	Schedule C, Line 3	0 00	0 00
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0 00	\$ 0 00

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

1/1 through 6/30 7/1 to Date

20 Contributions Received	\$		\$	
21 Expenditures Made	\$		\$	

Expenditures Made

6 Payments Made	Schedule E, Line 4	\$ 5,356 01	\$ 5,356 01
7 Loans Made	Schedule H, Line 3	0 00	0 00
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 5,356 01	\$ 5,356 01
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	16 93	16 93
10 Nonmonetary Adjustment	Schedule C, Line 3	0 00	0 00
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 5,372 94	\$ 5,372 94

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	\$ 14,704 43
13 Cash Receipts	Column A, Line 3 above	0 00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0 00
15 Cash Payments	Column A, Line 8 above	5,356 01
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ 9,348 42

If this is a termination statement, Line 16 must be zero

17 LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0 00
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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	\$ 16 93

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).

*Amounts in this section may be different from amounts reported in Column B

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

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

COPY

Statement covers period
from 07/01/2009
through 12/31/2009

SCHEDULED

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

ID NUMBER
1247075

DATE	NAME OF CANDIDATE, OFFICE AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/29/2009	Democrats for Israel	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		150 00	150 00	
	☒ Support ☐ Oppose					
10/30/2009	Los Angeles County Young Democrats	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		250 00	250 00	
	☒ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
SUBTOTAL \$				400 00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals) \$ 400 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 \$ 400 00

Schedule E **Payments Made**

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

COPY

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from 07/01/2009	through 12/31/2009	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

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

CMP campaign paraphernalia/misc	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv 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, e-mail)

NAME AND ADDRESS OF PAYEE (F COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aid for AIDS 8235 Santa Monica Boulevard #200 Los Angeles, CA 90046	CVC		100 00
Democrats for Israel Los Angeles (#C0042957) 10250 Santa Monica Blvd Ste 168 Los Angeles, CA 90067	CTB		150 00
Indigo 501 Creative LLC 756 S Rotherwood Ave Evansville, IN 47714	CNS		402 50

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

SUBTOTAL \$ 652.50

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals)	\$ 5,356.01
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 \$ 5,356.01

**Schedule E
(Continuation Sheet)
Payments Made**

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

COPY

SCHEDULE E (CONT)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2009	through 12/31/2009	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for City Council

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jewish Family Service of Los Angeles 6505 Wilshire Boulevard #500 Los Angeles, CA 90048	CVC		200.00
Los Angeles County Young Democrats (#921188) 11420 Santa Monica Blvd Los Angeles, CA 90025	CTB		250.00
Los Angeles Gay and Lesbian Center 1625 N. Schrader Boulevard Los Angeles, CA 90028	CVC		100.00
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles, CA 90069	PRO		500.00
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles CA 90069	OFC		10.00

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

SUBTOTAL \$ 1,060.00

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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Abbe Land for City Council

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

CMP campaign paraphernalia/misc	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles, CA 90069	OFC		43 36
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles, CA 90069	PRO		46 00
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles, CA 90069	PRO		115 00
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles, CA 90069	PRO		229 50
My Friend's Place 5850 Hollywood Blvd Los Angeles, CA 90028	CVC		50 00

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SUBTOTAL \$ 483 86

**Schedule E
(Continuation Sheet)
Payments Made**

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COPY

SCHEDULE E (CONT)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2009	through 12/31/2009	
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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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Council of Jewish Women Los Angeles 543 North Fairfax Avenue Los Angeles, CA 90036	CVC		2,500 00
National Women's Political Caucus Los Angeles 1751 Canfield Ave Los Angeles, CA 90036	CVC		250 00
Paws Los Angeles 1150 S Hope Street Los Angeles, CA 90028	CVC		250 00
Project Angel Food 922 Vine Street Los Angeles, CA 90038	CVC		75 00
West Hollywood Library Fund 6859 Willoughby Ave Los Angeles, CA 90038	CVC		84 65

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

SUBTOTAL \$ 3,159 65

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
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COPY

Statement covers period from 07/01/2009 through 12/31/2009	CALIFORNIA FORM 460
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NAME OF FILER

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NAME AND ADDRESS OF 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
ML Associates 8581 Santa Monica Blvd, #504 Los Angeles, CA 90069	OFC	0 00	16 93	0 00	16 93
SUBTOTALS \$		0 00 \$	16 93 \$	0 00 \$	16 93

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

Schedule F Summary

- 1 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 \$** 16 93
- 2 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
- 3 Net change this period (Subtract Line 2 from Line 1 Enter the difference here and on the Summary Page, Column A, Line 9) **NET \$** 16 93
May be a negative number