

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA
FORM

460

Statement covers period
from 01/01/2011
through 01/22/2011

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

Date Stamp
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CITY OF WEST HOLLYWOOD
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For Official Use Only

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
1247075

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

Abbe Land for City Council

STREET ADDRESS (NO P.O. BOX)

1021 Westmount Dr. #301

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069 (310) 360-1638

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

c/o ML Associates 1427 Lincoln Blvd., Ste. E

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Monica, CA 90401

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

David Mitchell

MAILING ADDRESS

1427 Lincoln Blvd., Ste. E

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Monica, CA 90401 (310) 458-6777

NAME OF ASSISTANT TREASURER, IF ANY

Andy Lim

MAILING ADDRESS

8581 Santa Monica Blvd #504

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles, CA 90069

OPTIONAL: FAX / E-MAIL ADDRESS 310-458-6777

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 1/27/11

Date

Executed on 1-27-11

Date

Executed on _____

Date

Executed on _____

Date

By [Signature]

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
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Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

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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

Abbe Land for West Hollywood City Council 2011

I.D. NUMBER

1328660

NAME OF TREASURER

David Mitchell

CONTROLLED COMMITTEE?

☒ 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 323-553-0663

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. 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