

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Abbe Land for City Council		Date of This Filing 03/02/2007	RECEIVED CITY OF WEST HOLLYWOOD 07 MAR -2 PM 2:53 OFFICE OF THE CITY CLERK 1/2	For Official Use Only
AREA CODE/PHONE NUMBER 3235330663	I.D. NUMBER (if applicable) 1247075	Report No. 001		
STREET ADDRESS 1021 Westmount Dr., #301		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY West Hollywood	STATE CA	ZIP CODE 90069-0000		
No. of Pages 2				

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/01/2007 	Jeffrey Smith 6817 Pueblo Vista  Camarillo CA 93012-0000 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C.O.O.  The Kor Group	1000.00
03/01/2007 	Bradford Korzen 11755 Wilshire Blvd., 9th Floor  Los Angeles CA 90025-0000 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C.E.O.  The Kor Group	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

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

03/02/2007 12:55 FAX 12134526575 KAUFMAN DOWNING LLP 002/003

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NAME OF FILER Abbe Land for City Council		Date of This Filing _____	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">FORM 497</div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1247075	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages _____	2 / 2

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

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