

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED
CITY OF WEST HOLLYWOOD
JUL 30 PM 12:57
OFFICE OF THE CITY CLERK

CALIFORNIA FORM **460**

Page 1 of 5

For Official Use Only

Statement covers period
from 1-1-09
through 6-30-09

Date of election if applicable
(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 11247075

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

Abbe LAND FOR City Council
STREET ADDRESS (NO PO BOX)
1021 Westmount #301
CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069
MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX
CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

aland@weho.org

Treasurer(s)

NAME OF TREASURER
JUDY BATTINI
MAILING ADDRESS
1015 Kings Rd #213
CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069 323-848-8015
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 7-
Date

Executed on 7-27-09
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
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Abbe LAND

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

Council Member West Hollywood

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

1021 Westmount #301 W H 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	ID NUMBER
----------------	-----------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

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

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

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

Statement covers period from <u>1-1-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	
	ID NUMBER <u>1247025</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AbbeLand 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	\$ <u> </u>	\$ <u> </u>
2 Loans Received	Schedule B, Line 3	\$ <u> </u>	\$ <u> </u>
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u> </u>	\$ <u> </u>
4 Nonmonetary Contributions	Schedule C, Line 3	\$ <u> </u>	\$ <u> </u>
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u> </u>	\$ <u> </u>

**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	\$ <u> </u>	\$ <u> </u>
21 Expenditures Made	\$ <u> </u>	\$ <u> </u>

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6 Payments Made	Schedule E, Line 4	\$ <u>2868.50</u>	\$ <u> </u>
7 Loans Made	Schedule H, Line 3	\$ <u> </u>	\$ <u> </u>
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>2868.50</u>	\$ <u> </u>
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u> </u>	\$ <u> </u>
10 Nonmonetary Adjustment	Schedule C, Line 3	\$ <u> </u>	\$ <u> </u>
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>2868.50</u>	\$ <u> </u>

**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
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>

Current Cash Statement

12 Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>17572.93</u>
13 Cash Receipts	Column A, Line 3 above	\$ <u> </u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u> </u>
15 Cash Payments	Column A, Line 8 above	\$ <u>2868.50</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>14704.43</u>

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

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse	\$ <u> </u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u> </u>

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>1-1-09</u> through <u>6-30-09</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>5</u>	
	ID NUMBER <u>1247075</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AbbeLand 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 I D NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kol Ami 1200 N. LA Brea	CVC	Ad book congratulations.	300
Constant Contact Inc. 1601 Trapelo Rd #329 Waltham MA 02457	WEB	Annual Fee.	306
Stoneham Waltham Democratic Club. 97/482	CVC	Support	650

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

SUBTOTAL \$ 10 56

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals) ..	\$ <u>2668.50</u>
2 Unitemized payments made this period of under \$100 ..	\$ <u>200-</u>
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 \$ <u>2868.50</u>

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land For City Council

Statement covers period from <u>1-1-09</u> through <u>6-30-09.</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>

ID NUMBER

1247075

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
Indigo 50 Creative LLC 261 NW 4th St #106 EVANSVILLE IN 47708	web		367.50
Alternative Home For the Aging. Fairfax Ave LA CA 90046	CVC		500.-
Planned Parenthood Advocacy Project LA County 400 West 30th, LA 90007 # 271666	CVC		625.
American Express	web		120 -

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

SUBTOTAL \$

1612.50