

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED  
CITY OF WEST HOLLYWOOD  
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**CALIFORNIA  
FORM 460**

Page 1 of 4

For Official Use Only

Statement covers period  
from 3-18-06  
through 5-20-06

Date of election if applicable:  
(Month, Day, Year)  
6-6-06

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)

1022 Westmont

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90069 3235330663

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

JULY BOHNER

MAILING ADDRESS

1015 N Kings Rd.

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood CA 90069 3238458015

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 5-23-06  
Date  
Executed on 5-23-06  
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

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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)  
**Held: City Council Member.**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1021 Westmount Dr. #301 WH Ct 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 <b>AbbeLand For Assembly</b>	I.D. NUMBER <b>1266999</b>
NAME OF TREASURER <b>DONNA FEINSTEIN</b>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <b>777 S. Figueoa St #4050</b>	STREET ADDRESS (NO P.O. BOX)
CITY <b>LA</b>	STATE <b>CA</b>
ZIP CODE <b>90017</b>	AREA CODE/PHONE <b>213452-6565</b>
COMMITTEE NAME	I.D. 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
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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
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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>3-18-06</u> through <u>5-20-06</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER <u>1247075</u>

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	\$ <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>296<sup>00</sup></u>	\$ <u>2049</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>—</u>	\$ <u>—</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>296</u>	\$ <u>2049</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>296</u>	\$ <u>2049</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
___/___/___	\$ _____
___/___/___	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>8726</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>296</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8430</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>—</u>
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**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>

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 E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>8-18-06</u> through <u>5-21-06</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>1247075</u>

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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>The Exclusives 7150 Tampa Ave Rosemead CA 91335</u>	<u>CVC</u>	<u>dinner ticket</u>	<u>125<sup>00</sup></u>
<u>Frontiers Publishing Co. LLC 5657 Wilshire Blvd. # 520 LA 90036</u>	<u>PRT</u>	<u>CONGRATULATIONS Ad.</u>	<u>171<sup>00</sup></u>

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

**SUBTOTAL \$** 296<sup>00</sup>

**Schedule E Summary**

- |                                                                                                                          |                 |            |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....                                         | \$              | <u>296</u> |
| 2. Unitemized payments made this period of under \$100 .....                                                             | \$              | <u>-</u>   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | <u>-</u>   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <u>296</u> |