

ORIGINAL

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COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 12 JAN 17 AM 9:59 OFFICE OF THE CITY CLERK CALIFORNIA FORM 460 Page 1 of 3 For Official Use Only

Statement covers period from 07/01/2011 through 12/31/2011 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 (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement (checked)
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1328660

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Abbe Land for West Hollywood City Council 2011

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

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 01/20/2012 Date
Executed on 01/20/2012 Date
Executed on Date
Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent
By [Signature] 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 <u>2</u> of <u>13</u>	

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				
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 City Council	I.D. NUMBER 1247075		
NAME OF TREASURER David Mitchell	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
1021 Westmount Dr. #301			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood,	CA	90069	323-533-0663

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
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		CALIFORNIA FORM 460
from	07/01/2011	
through	12/31/2011	Page 3 of 13
I.D. NUMBER		1328660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for West Hollywood City Council 2011

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	\$ 20,655.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 20,655.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 21,155.00

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	\$ 21,155.00	\$ 0.00
21. Expenditures Made	\$ 66,878.71	\$ 11,944.48

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 11,944.48	\$ 90,323.19
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 11,944.48	\$ 90,323.19
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	500.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 11,944.48	\$ 90,823.19

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 21,674.48
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	11,944.48
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9,730.00
<i>If this is a termination statement, Line 16 must be zero.</i>		

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	\$ 0.00
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Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

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

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

SCHEDULED

Statement covers period		CALIFORNIA FORM 460
from	07/01/2011	
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NAME OF FILER

Abbe Land for West Hollywood City Council 2011

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)
09/05/2011	The California List	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/06/2011	West Hollywood/Beverly Hills Democratic Club	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				500.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 500.00
- 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 \$** 500.00

**Schedule E
Payments Made**

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

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SEE INSTRUCTIONS ON REVERSE

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
AIDS Project of Los Angeles 611 S. Kingsley Dr. Los Angeles, CA 90005	CVC			250.00
Alliance for Housing and Healing 825 Colorado Blvd, Ste. 100 Los Angeles, CA 90041	CVC			250.00
Alzheimers Association of Southern California 5900 Wilshire Blvd., #110 Los Angeles, CA 90036	CVC			100.00

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

SUBTOTAL \$ 600.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 11,944.48
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 \$ 11,944.48

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

SCHEDULE E (CONT.)

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

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Abbe Land for West Hollywood City Council 2011

I.D. NUMBER

1328660

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	FET 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
American Express P.O. Box 0001 Los Angeles, CA 90096	OFC		55.00
California League of Conservation Voters 350 Frank H. Ogawa, Ste. 1100 Oakland, CA 94612	CVC		250.00
Democrats for Israel (#C0042957) PO Box 67002 Los Angeles, CA 90067	CTB		150.00
Feminist Majority 433 S. Beverly Dr. Beverly Hills, CA 90212	CVC		250.00
Gallery 825 825 N. La Cienega Blvd. West Hollywood, CA 90069	CVC		250.00

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

SUBTOTAL \$

955.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE E (CONT.)

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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
Inner City Arts 720 Kohler St. Los Angeles, CA 90021	CVC			300.00
Jewish Family Service of Los Angeles 3580 Wilshire Blvd., #700 Los Angeles, CA 90010	CVC			250.00
L.A.C.E.R. Afterschool Program 1718 N. Cherokee Ave., Ste. A Los Angeles, CA 90028	CVC			500.00
Los Angeles Gay & Lesbian Center 1625 Schrader Blvd. Los Angeles, CA 90028	CVC			250.00
Lung Cancer Foundation of America 15 S. Franklin St. New Ulm, MN 56073	CVC			500.00

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

SUBTOTAL \$ 1,800.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE E (CONT.)

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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
ML Associates 1427 Lincoln Blvd., Ste. E Santa Monica, CA 90401	PRO			452.00
ML Associates 1427 Lincoln Blvd., Ste. E Santa Monica, CA 90401	PRO			1,275.82
My Friends Place 5850 Hollywood Blvd. Los Angeles, CA 90028	CVC			250.00
NARAL Pro-Choice America 111 Pine St., Ste. 1500 San Francisco, CA 94111	CVC			1,000.00
NWPC LA Westside PO Box 17975 Beverly Hills, CA 90209	CVC			250.00

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

SUBTOTAL \$ 3,227.82

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

SCHEDULE E (CONT.)

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NAME OF FILER

Abbe Land for West Hollywood City Council 2011

I.D. NUMBER

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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
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
P.A.W.S. 15305 4th Ave. W Lynnwood, WA 98087	CVC			500.00
Rape Foundation 1223 Wilshire Blvd., #410 Los Angeles, CA 90021	CVC			500.00
Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders 305 7th Ave., 15th Fl. New York, NY 10001	CVC			250.00
SOVA Community Food and Resource Program 1140 N. La Brea Blvd. Los Angeles, CA 90038	CVC			250.00
Stonewall Democratic Club 7985 Santa Monica Blvd #325 Los Angeles, CA 90046	CVC			250.00

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

SUBTOTAL \$ 1,750.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stonewall Democratic Club 7985 Santa Monica Blvd #325 Los Angeles, CA 90046	CVC			50.00
Susan G. Komen for the Cure 11845 W. Olympic Blvd., #645w Los Angeles, CA 90064	CVC			227.66
The California List (#1243922) 212 26th St. Santa Monica, CA 90402	CTB			250.00
The Empowerment Center 1730 Market St., 2nd Fl. San Francisco, CA 94114	CVC			250.00
The Saban Free Clinic 8405 Beverly Blvd. Los Angeles, CA 90048	CVC			1,000.00

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

SUBTOTAL \$ 1,777.66

FPPC Form 460 (January/05)
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**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Trevor Project 8704 Santa Monica Blvd., #200 West Hollywood, CA 90069	CVC			250.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			25.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			5.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			29.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			5.00

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SUBTOTAL \$ 314.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

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1328660

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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
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			5.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			5.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			5.00
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94104	OFC			5.00
West Hollywood Community Housing Corporation 7530 Santa Monica Blvd. Los Angeles, CA 90046	CVC			500.00

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

SUBTOTAL \$ 520.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2011	
through	12/31/2011	Page <u>13</u> of <u>13</u>
NAME OF FILER		I.D. NUMBER
Abbe Land for West Hollywood City Council 2011		1328660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Abbe Land for West Hollywood City Council 2011

I.D. NUMBER

1328660

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

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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
West Hollywood/Beverly Hills Democratic Club (#850089) P.O. Box 691572 West Hollywood, CA 90069	CTB			250.00
Women Against Gun Violence 8800 Venice Blvd., #302 Los Angeles, CA 90034	CVC			250.00
Womens Reproductive Right Assistance Project 2924 1/2 Beverly Glen Ctr., #169 Los Angeles, CA 90077	CVC			500.00

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

SUBTOTAL \$ 1,000.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)