

**Statement of Organization
Recipient Committee**

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of the State of California

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only

Statement Type Initial
Not yet qualified or
19 _____
Date qualified as committee

Amendment
List I.D. number: _____
~~06/30/2011~~ # 1247075
06/30/2011
Date of Termination
 Termination - See Part 5
List I.D. number: _____
Date qualified as committee
(If applicable)

JUL 29 2011
DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF COMMITTEE
Abbe Land for City Council

STREET ADDRESS (NO PO. BOX)
1021 Westmount Dr. #301

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood, CA		90069	(310) 360-1638

MAILING ADDRESS (IF DIFFERENT)
c/o ML Associates 1427 Lincoln Blvd., Ste. E
Santa Monica, CA 90401

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Mitchell

STREET 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

STREET ADDRESS
8581 Santa Monica Blvd #504

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90069	310-458-6777

NAME OF PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/15/11 DATE
Executed on 7-13-11 DATE
Executed on _____ DATE
Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

2 of 3

COMMITTEE NAME
Abbe Land for City Council

I.D. NUMBER
1247075

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Abbe Land	City Council Member West Hollywood		<input type="checkbox"/> Non-Partisan Democratic Party
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
Wells Fargo Bank	(310) 855-7140	0758540249		
ADDRESS	CITY	STATE	ZIP CODE	
8571 Santa Monica Blvd	West Hollywood	CA	90069	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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CALIFORNIA FORM **410**

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Abbe Land for City Council

I.D. NUMBER
1247075

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.