

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Re-Elect Supervisor Don Knabe 2008			Date of This Filing <u>05/27/2008</u>	Date Stamp Los Angeles County AM 9:26	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 974-4444	I.D. NUMBER (if applicable) 1295373		Report No. <u>20080526-1076624</u>		For Official Use Only
STREET ADDRESS 500 W Temple Street Suite 822			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		Campaign Finance Disclosure Section
CITY Los Angeles	STATE CA	ZIP CODE 90012-2723	No. of Pages <u>1</u>		1/1

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/23/2008 	B/C Land Group ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00
05/23/2008 	B/C Land Group ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00
	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	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

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NAME OF FILER Re-Elect Supervisor Don Knabe 2008		Date of This Filing <u>05/23/2008</u>	Date Stamp Received by Los Angeles County 2008 5/23 4:07 Campaign Finance Disclosure Section	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 974-4444	I.D. NUMBER (if applicable) 1295373	Report No. <u>20080523-8284418</u>		
STREET ADDRESS 500 W Temple Street Suite 822		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90012-2723	No. of Pages <u>4</u>	

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05/22/2008 	California Real Estate PAC ID: 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000.00
05/22/2008 	Centinela Hospital Medical Center ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/22/2008 	Briggeman Land & Development Co. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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CITY	STATE	ZIP CODE	No. of Pages <u>4</u>	2/4

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05/22/2008 	Ramesh Mahajan ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Mahjan Co.	1000.00
05/22/2008 	Daniel Deng ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Deng Attorney at Law, LLC	1000.00
05/22/2008 	Pramod Multani, M.D., Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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05/22/2008 	Hsiu Tsao ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1000.00
05/22/2008 	C & J Properties ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/22/2008 	Chung Chang ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner K Cal Insurance	1000.00

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05/22/2008 	Kishore Kaul ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Kaul & Associates	1000.00
05/23/2008 	Iwaki Chiropractic ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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