

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 5 / 39                     |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>07/31/2003 | HOWARD B. DROLLINGER<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | REAL ESTATE<br><br>H.B. DROLLINGER CO.   | 500.00                      | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/25/2003 | JOHN A. EVANS, III<br>[REDACTED]<br>LOS ANGELES [REDACTED]<br>ID: [REDACTED]                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | SENIOR VICE PRESIDENT<br><br>AON   | -1000.00                    | 0.00  | 0.00 P 04                          |
| Rcpt Dt:<br>09/24/2003 | YUKIKO FUKAI<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 500.00                      | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/26/2003 | CLARENCE C. STEPHENS<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGER<br><br>CANDLE CORP.  | 125.00                      | 225.00  | 225.00 P 04                        |
| Rcpt Dt:<br>09/26/2003 | BETTY ROSENSTEIN<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 250.00                      | 750.00  | 750.00 F                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

|   |                          |
|---|--------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$ 57750.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$ 480.00                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ 58230.00</b> |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

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|  | 6 / 39                     |
| I.D. Number<br>1251077                                 |                            |

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Re-Elect Supervisor Don Knabe

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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>08/25/2003 | VINCENT CURCI<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | REALTOR<br><br>VINCENT CURCI   | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/25/2003 | DIANA R. FORTUNE<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | LONG TERM CARE ADM.<br><br>LAS FLORES CONV. HOSP.  | 125.00                      | 225.00  | 225.00 P 04                        |
| Rcpt Dt:<br>07/03/2003 | SUSAN MCLAURIN<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | EDITOR<br><br>SUSAN MACLAURIN  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>07/07/2003 | CATHERINE A. HALL<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>07/23/2003 | ROBERT HEALEY<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | REALTOR<br><br>CB RICHARD ELLIS  | 500.00                      | 500.00  | 500.00 P                           |

**SUBTOTAL \$**

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
2. Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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OTH - Other  
PTY - Political Party  
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| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>7 / 39 |
| I.D. Number<br><br>1251077                             |  |

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Re-Elect Supervisor Don Knabe

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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>07/23/2003 | ANN N. HUNTER<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | BANQUET REPRESENTATIVE<br><br>LOS AMIGOS COUNTRY CLUB                                      | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>07/24/2003 | ROBERT A. LARSEN<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CFO<br><br>S.CA. ALCOHOL & DRUG PROGRAM, INC.  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>07/24/2003 | LISA R. MARKELL<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | DIRECT FUND DEVELOPMENT<br><br>S. CA. ALCOHOL & DRUG PROGRAMS, INC.                        | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>07/31/2003 | MARGARET L. DROLLINGER<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | HOMEMAKER  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>07/31/2003 | DAVID A. DRUMMOND<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | REAL ESTATE<br><br>COLLIERS-SEELER   | 500.00                      | 500.00  | 500.00 P                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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| Statement covers period                        |               | <b>CALIFORNIA FORM 460</b> |
| from _____                                     | through _____ |                            |
|  |               | 8 / 39                     |
| NAME OF FILER<br>Re-Elect Supervisor Don Knabe |               | I.D. Number<br>1251077     |

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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>07/31/2003 | DONALD W. CROKER<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>07/31/2003 | LINDA L. ALESHIRE<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>07/31/2003 | WILLIAM E. SIMON, JR.<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MERCHANT BANKER<br><br>WILLIAM E. SIMON & SONS, LLC.                                       | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>08/05/2003 | ALAN FENSTER A PROFESSIONAL CORPORATION<br>[REDACTED]<br>ID: [REDACTED]                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>08/05/2003 | JIN KWAK<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | OWNER<br><br>JIN'S SHELL   | 1000.00                     | 1000.00   | 1000.00 P                          |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 9 / 39                     |
|  | I.D. Number<br>1251077     |

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| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>08/05/2003 | YOUNG H. KWAK<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | HOMEMAKER  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/07/2003 | AMY R. FORBES<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ATTORNEY<br><br>GIBSON, DUNN & CRUTCHER  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>08/07/2003 | GIBSON, DUNN & CRUTCHER, LLP<br>[REDACTED]<br>ID: [REDACTED]                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/07/2003 | JESSE SHARF<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ATTORNEY<br><br>GIBSON, DUNN & CRUTCHER, LLP   | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>08/08/2003 | GAUDENTI & SONS<br>[REDACTED]<br>ID: [REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 F                          |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
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| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>08/08/2003 | TIMUR TECIMER<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | REAL ESTATE<br><br>OVERTON MOORE PROPERTIES  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/27/2003 | LYNX REALTY & MANAGEMENT<br>[REDACTED]<br>ID: [REDACTED]                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 375.00                      | 375.00  | 375.00 P 04                        |
| Rcpt Dt:<br>09/26/2003 | LAND DESIGN CONSULTANTS, INC.<br>[REDACTED]<br>ID: [REDACTED]                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | CLINE & DUPLISSEA<br>[REDACTED]<br>ID: [REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/27/2003 | LAW OFFICE OF BAKER AND JACOBS<br>[REDACTED]<br>ID: [REDACTED]                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 125.00                      | 125.00  | 125.00 P                           |

**SUBTOTAL \$**

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- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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|  | 11 / 39                    |
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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | JANET TEAGUE<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/27/2003 | JOSEPH N. SMITH<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | DIRECTOR<br><br>COUNTY OF LOS ANGELES  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/24/2003 | MAS NAGAMI<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CONSULTANT<br><br>MN ASSOCIATES  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/24/2003 | C. GEORGE DEUKMEJIAN<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | PHILIP H. HICKOK<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | JUDGE<br><br>STATE OF CALIFORNIA   | 125.00                      | 125.00  | 125.00 P                           |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>12 / 39 |
| I.D. Number<br>1251077                                 |   |

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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/25/2003 | CLAYTON HOLLOPETER<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | EXECUTIVE DIRECTOR<br><br>BOYS & GIRLS CLUB - S.G. VALLEY                                  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/24/2003 | E. THORNTON IBBETSON<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | EXECUTIVE<br><br>UNION DEVELOPMENT CO. INC.  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | KENNY'S AUTO SERVICE<br>[REDACTED]<br>ID: [REDACTED]  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/26/2003 | LYLE MACKENZIE<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | JUDGE<br><br>STATE OF CALIFORNIA   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/26/2003 | EUNICE FORESTER-David<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED  | 125.00                      | 125.00  | 125.00 P                           |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 13 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/25/2003 | ELDA M. HEARREAN<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | HOMEMAKER  | 300.00                      | 300.00  | 300.00 P 04                        |
| Rcpt Dt:<br>08/28/2003 | PINNACLE ADVISORS<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>08/28/2003 | Robert Beck<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Law Offices of Beck and Browning   | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | Stephen Calhoun<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Commercial Realtor<br><br>Collins Seeley International                                     | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | Kenneth Carey<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor<br><br>CB Richard Ellis  | 1000.00                     | 1000.00   | 1000.00 P                          |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 14 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>08/28/2003 | Bart Christensen<br>[Redacted]<br>ID: [Redacted]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self<br><br>Government Develoment Services   | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | James Knapp<br>[Redacted]<br>ID: [Redacted]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Investments<br><br>The Brookhollow Group                                       | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | Norman La Caze<br>[Redacted]<br>ID: [Redacted]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br><br>La Caze Development   | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | Carole La Caze<br>[Redacted]<br>ID: [Redacted]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | Maureen Moore<br>[Redacted]<br>ID: [Redacted]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 1000.00                     | 1000.00   | 1000.00 P                          |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 15 / 39                               |                                |
| I.D. Number<br>1251077                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>08/28/2003 | International Union Of Operating Engineers Local # 12<br>[REDACTED]<br>ID: [REDACTED]         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | The Boeing Co<br>[REDACTED]<br>ID: [REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>08/28/2003 | Hector Garcia<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>HSG Inc.  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>08/28/2003 | Turelk General Building Contractors<br>[REDACTED]<br>ID: [REDACTED]                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>08/26/2003 | Stephen Silk<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Broker<br><br>Secured Capital Corp.  | 1000.00                     | 1000.00   | 1000.00 P                          |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 16 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/17/2003 | Luciano Barajas M.D.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | M. Stephan Baranov<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Administrator<br><br>REI   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Jo Anne Brasel M. D.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Mary Ellen Criley<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Faculty Society Harbor-Ucla Medical Center<br>[REDACTED]<br>ID: [REDACTED]                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 975.00                      | 975.00  | 975.00 P 04                        |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 17 / 39                               |                                |
| I.D. Number<br>1251077                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/17/2003 | Barbara Haney<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dir. of Community Development<br><br>Social Vocational Services Inc.                       | 300.00                      | 300.00  | 300.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Adam Jonas M. D.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chief of Pediatrics<br><br>Harbor-UCLA Medical Center                                      | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/17/2003 | Jeanne Keegan<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | B. Allen Lay<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/17/2003 | Richard Learned<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor<br><br>5th Street Partnership  | 300.00                      | 300.00  | 300.00 P 04                        |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 18 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/17/2003 | Roger Lewis<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Keh-Ming Lin M. D.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 400.00                      | 400.00  | 400.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Ben Loughrin<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Relations<br><br>The Loughrin Co.   | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Charles McKay<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Olga Mohan M. D.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 500.00                      | 500.00  | 500.00 P                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 19 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/17/2003 | Mack Buddy Oliver M. D.<br>[REDACTED]<br>ID: [REDACTED]                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br><br>Medical Foundation Inc.   | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | P. Pickles<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Artist<br><br>Self   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Jacob Rajfer M. D.<br>16 Quakerberry Lane<br>[REDACTED]<br>ID: [REDACTED]                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Ronald Swerdloff M. D.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/17/2003 | Kenneth Trevett<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br><br>REI   | 500.00                      | 500.00  | 500.00 P                           |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 20 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/17/2003 | Dr. Michael Yeaman<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Scientist<br><br>REI   | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/19/2003 | Gunjit Sikand<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Civil Engineer<br><br>Sikand Engineering   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/22/2003 | M. Brassard<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Carpets For You   | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/22/2003 | Mary Buell<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Robert Buell Equipment  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/22/2003 | Rita Bingaman<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 125.00                      | 125.00  | 125.00 P                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 21 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/23/2003 | Robert Sonnenblick<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Sonnenblick Holdings LLC  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | Robert Lee<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | Arthur Levine<br>7005 Marina Drive<br>[REDACTED]<br>ID: [REDACTED]                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br><br>CSULB   | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | Bill Jones<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | Marcia Hogie<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 125.00                      | 125.00  | 125.00 P                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 22 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/23/2003 | Barbara Rubick<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | Marilou Mirkovich<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Atkinson, Andelson   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/23/2003 | David Frick<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Curley's Cafe   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/24/2003 | Michael Touhey<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pres/CEO<br><br>The Michael Touhey Co.   | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/24/2003 | Doug Bombard<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br><br>Catalina Express  | 250.00                      | 250.00  | 250.00 P                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

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(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>23 / 39 |
| I.D. Number<br>1251077                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/24/2003 | Nick Monios<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>N.M.A.C. Consulting   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | Edward Layton<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | Artesia Senior Center<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | Ramona Senior Center<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 125.00                      | 125.00  | 125.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | Reynaud E. Moore & Associates, Inc.<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 125.00                      | 125.00  | 125.00 P                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 24 / 39                               |                                |
| I.D. Number<br>1251077                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/25/2003 | Martin Gibson<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Corp. Officer<br><br>M. Gibson Enterprises   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | Hall Ambulance Service Inc.<br>[REDACTED]<br>ID: [REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/25/2003 | Harriette Hirsch<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/26/2003 | Whittier Area Parents Association For The Developmentally Handicapped<br>[REDACTED]<br>ID: [REDACTED] | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC                                 |  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/27/2003 | Univeral Care<br>[REDACTED]<br>ID: [REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  | 250.00 F                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 25 / 39                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

I.D. Number  
1251077

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | Joel Kopple M D<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 50.00                       | 175.00  | 175.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Joel Kopple M D<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 125.00                      | 175.00  | 175.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | R. Morin M D<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Rodney White<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Daniel Chudnovsky Aia, Architect, Inc.<br>[REDACTED]<br>ID: [REDACTED]                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | 500.00 P C                         |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
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(other than PTY or SCC)  
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# Schedule A Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A

|                                       |                            |
|---------------------------------------|----------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA FORM 460</b> |
| through _____                         |                            |
| 26 / 39                               |                            |
| I.D. Number<br>1251077                |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | Michael Gibson Esq.<br>[REDACTED]<br>[REDACTED]<br>ID:  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Greenberg, Fields & Whitcome LLC   | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/29/2003 | Kate Greenberg<br>[REDACTED]<br>[REDACTED]<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CFO<br><br>Endocare  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/29/2003 | Cornelius Hiebert<br>[REDACTED]<br>[REDACTED]<br>ID:  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br><br>J. Massey Inc.   | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Lucy Jao<br>[REDACTED]<br>[REDACTED]<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br><br>Self   | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/29/2003 | Joseph Juge Jr.<br>[REDACTED]<br>[REDACTED]<br>ID:  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Contractor<br><br>Self   | 500.00                      | 500.00  | 500.00 F                           |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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(other than PTY or SCC)  
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**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 27 / 39                               |                                |
| I.D. Number<br>1251077                |                                |

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|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | William Lawton<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] CA [REDACTED]<br>ID: [REDACTED]      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Money Manager<br><br>James & Gable   | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Scott Schuler<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Management<br><br>Self  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Gary Stokoe<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br><br>Rolling Hills Country Day School   | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Derrick Takeuchi<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Greenberg, Fields & Whitcombe  | 1000.00                     | 1000.00   | 1000.00 P 04                       |
| Rcpt Dt:<br>09/29/2003 | The Equity Exchange<br>[REDACTED]<br>[REDACTED]<br>CA 90502-0150<br>ID: [REDACTED]            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 F                          |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|                                       |                            |
|---------------------------------------|----------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA FORM 460</b> |
| through _____                         |                            |
| I.D. Number<br>1251077                |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | Timothy Good & Company<br>21515 Hawthorne Blvd<br>[REDACTED]<br>ID: [REDACTED]                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Whitewater Energy Corp.<br>21515 Hawthorne Blvd<br>[REDACTED]<br>ID: [REDACTED]               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | 500.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Sharon Adler M D<br>1871 S. Sepulveda Blvd<br>[REDACTED]<br>ID: [REDACTED]                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 150.00                      | 150.00  | 150.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Ashley Baker<br>64 Clarendon Blvd<br>[REDACTED]<br>ID: [REDACTED]                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Administrator<br><br>REI   | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Arnold Bayer M D<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 F                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 29 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | Matthew Budoff<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Mary Casaburi M D<br>[REDACTED]<br>ID: [REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Rowan Chlebowski M D<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Judith Daar Esq.<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Whittier School of Law   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | George Emmanouilides M D<br>[REDACTED]<br>ID: [REDACTED]                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100.00                      | 100.00  | 100.00 P                           |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|                                       |                            |
|---------------------------------------|----------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA FORM 460</b> |
| through _____                         |                            |
| 30 / 39                               |                            |
| I.D. Number<br>1251077                |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | Sharon Guthrie<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Volunteer  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Iraj Khalkhali M D<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Rosemary Leake<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Wai Nang Lee M D<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Michael Liebling M D<br>[REDACTED]<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 F                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 31 / 39                               |                                |
| I.D. Number<br>1251077                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | H. McIntyre M D<br>██████████<br>██████████ CA ██████████<br>ID: ██████████                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | John McDonald M D<br>██████████<br>██████████ CA ██████████<br>ID: ██████████                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | C. Mehringer M D<br>██████████<br>██████████ CA ██████████<br>ID: ██████████                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Usha Raj M D<br>██████████<br>██████████ CA ██████████<br>ID: ██████████                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Michael Ross M D<br>██████████<br>██████████ CA ██████████<br>ID: ██████████                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 250.00                      | 250.00  | 250.00 F                           |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 32 / 39                    |
|  | I.D. Number<br>1251077     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Re-Elect Supervisor Don Knabe

| DATE RECEIVED          | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>09/29/2003 | Jay Schoenau<br>[REDACTED]<br>[REDACTED] CA [REDACTED]<br>ID: [REDACTED]                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CFO<br><br>REI   | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | William Stringer M D<br>[REDACTED]<br>[REDACTED] CA [REDACTED]<br>ID: [REDACTED]              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 200.00                      | 200.00  | 200.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Kouichi Tanaka M D<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250.00                      | 250.00  | 250.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Joel Ward M D<br>[REDACTED]<br>[REDACTED] CA [REDACTED]<br>ID: [REDACTED]                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Harbor-UCLA Medical Center  | 100.00                      | 100.00  | 100.00 P 04                        |
| Rcpt Dt:<br>09/29/2003 | Milford Wyman M D<br>[REDACTED]<br>[REDACTED]<br>ID: [REDACTED]                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 200.00                      | 200.00  | 200.00 F                           |
| <b>SUBTOTAL \$</b>     |   |   |  | 57750.00                    |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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COM - Recipient Committee  
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