

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	5 / 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Re-Elect Supervisor Don Knabe	I.D. Number 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: 02/17/2004	Linda Bryant ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales  Morrison Management Specialists	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 02/19/2004	ITA, LLC ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 02/20/2004	Reed Harman ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	250.00 P 04
Rcpt Dt: 02/20/2004	Mark Pulido ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clerk Bd. of Ed.  ABC School District	100.00	100.00	100.00 P 04
Rcpt Dt: 02/20/2004	Krishna Reddy ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist  Reddy Dental	250.00	250.00	250.00 P

**SUBTOTAL \$**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$	20050.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$	50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	20100.00

\*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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SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> 6 / 30
I.D. Number 1251077	

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NAME OF FILER  
Re-Elect Supervisor Don Knabe

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Rcpt Dt: 02/20/2004	Robert Sonnenblick ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Sonnenblick Holdings LLC	750.00	750.00	1000.00 P 04
Rcpt Dt: 02/20/2004	21st Century Communications Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 P 04
Rcpt Dt: 02/20/2004	Charles J. Banks Co. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 02/21/2004	Thomas Clark ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Clark Development Co.	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 02/21/2004	ROY HEARREAN ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT  STATE WIDE INVESTORS, INC.	1000.00	1000.00	1000.00 F
<b>SUBTOTAL \$</b>						

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- 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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	7 / 30
	I.D. Number 1251077

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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: 02/21/2004	Consolidated Disposal Service. LLC ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 02/27/2004	James Gallo ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Gallo, Attorney at Law	250.00	250.00	250.00 P 04
Rcpt Dt: 02/28/2004	Shan K. Thever Professional Corporation ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 03/01/2004	Tal Finney ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Radcliff Dongell Lawrence	250.00	250.00	250.00 P 04
Rcpt Dt: 03/01/2004	Shannon Strong ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Cleaner Image	100.00	100.00	100.00 F

**SUBTOTAL \$**

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- Amount received this period - contributions of \$100 or more.  
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- 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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	8 / 30
I.D. Number 1251077	

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NAME OF FILER  
Re-Elect Supervisor Don Knabe

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Rcpt Dt: 03/01/2004	Castle & Cooke, 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	1000.00	1000.00 P 04
Rcpt Dt: 03/01/2004	SVORINICH & ASSOCIATES, 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	1000.00	1000.00 P 04
Rcpt Dt: 03/02/2004	Susan Fishman  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	300.00	300.00	300.00 P 04
Rcpt Dt: 03/03/2004	William Adkins  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  South Bay Lexus	100.00	100.00	100.00 P 04
Rcpt Dt: 03/03/2004	Cheryl Branch  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Analyst  SSG	500.00	500.00	500.00 F

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- Total monetary contributions received this period.  
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	9 / 30
NAME OF FILER Re-Elect Supervisor Don Knabe	I.D. Number 1251077

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Rcpt Dt: 03/03/2004	Sarah Bream ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occupational Therapist SSG	500.00	500.00	500.00 P 04
Rcpt Dt: 03/03/2004	Clark Davis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman C. S. Davis Company	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 03/03/2004	Jack Irvin ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker-Coastco	200.00	200.00	200.00 P 04
Rcpt Dt: 03/03/2004	Ronald Kageyama ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Kageyama Nursery	500.00	500.00	500.00 P 04
Rcpt Dt: 03/03/2004	J. Sunm ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA SSG	500.00	500.00	500.00 F

**SUBTOTAL \$**

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(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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	10 / 30
NAME OF FILER Re-Elect Supervisor Don Knabe	I.D. Number 1251077

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Rcpt Dt: 03/03/2004	Nadadur Vardhan ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Vardhan Attorney at Law	250.00	250.00	250.00 P 04
Rcpt Dt: 03/12/2004	PAUL BLANCO ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL CASE WORKER COUNTY OF LOS ANGELES	500.00	500.00	950.00 P 04
Rcpt Dt: 03/12/2004	Susanne Cumming ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cumming at Law	100.00	100.00	100.00 P 04
Rcpt Dt: 03/12/2004	ROY HEARREAN ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT STATE WIDE INVESTORS, INC.	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 03/12/2004	SUSHMA JANDIAL ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00	1000.00	1000.00 P 04

**SUBTOTAL \$**

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- 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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Rcpt Dt: 03/12/2004	Rita King ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 P 04
Rcpt Dt: 03/12/2004	Leonardo Pandac Ph. D. ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Pandac Inc.	100.00	100.00	100.00 P 04
Rcpt Dt: 03/12/2004	Darshan Singh A: ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Singh Inc.	500.00	500.00	500.00 P 04
Rcpt Dt: 03/12/2004	Ethnic Gifts Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 03/12/2004	HUNSAKER & ASSOCIATES ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	1000.00 P 04

**SUBTOTAL \$**

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- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
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Rcpt Dt: 03/12/2004	Maleman Ink ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 03/12/2004	Santa Fe Medical Offices ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 03/16/2004	ROY HEARREAN ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT  STATE WIDE INVESTORS, INC.	-1000.00	1000.00	1000.00 P 04
Rcpt Dt: 03/19/2004	ELDA HEARREAN ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	700.00	700.00	1000.00 P 04
Rcpt Dt: 03/26/2004	CHEVRON TEXACO CORPORATION ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 04

**SUBTOTAL \$ 20050.00**

## Schedule A Summary

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(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
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