

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Re-Elect Supervisor Don Knabe 2012		Date of This Filing <u>05/29/2012</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2012 MAY 29 PM 12:39 CALIFORNIA FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1336857	Report No. <u>20120529-9122431</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>1</u>	

Late Contribution(s) Received

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
05/29/2012	Service Employees International Union Local 721 PAC ID: 743794	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

***Contributor Codes**

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

Reason for Amendment: _____

Late Contribution Report

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

NAME OF FILER
Re-Elect Supervisor Don Knabe 2012

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1336857

STREET ADDRESS

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing 05/21/2012

Report No. 20120521-380878

Amendment to Report No. _____
(explain below)

No. of Pages 1

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
MAY 21 PM 2:23
CAMPAIN FINANCE DISCLOSURE SECTION
1/1

LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

Late Contribution(s) Received

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
05/21/2012 	L.A. Arena Company, LLC ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

Reason for Amendment: _____