

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	5 / 69
	ID Number 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: 10/25/2003	Cheri Kelley [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Home Town Realtors	125 00	125.00	125 00 P 04
Rcpt Dt: 10/20/2003	Pacifica Hotel Investors, Llc [REDACTED] ID: [REDACTED]	<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: 10/15/2003	STEPHEN CONLEY [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BANCAP	125 00	375.00	375 00 P 04
Rcpt Dt: 10/24/2003	JOSEPH E. DI LORETO [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDGE STATE OF CALIFORNIA	125 00	125 00	125 00 P 04
Rcpt Dt: 10/20/2003	Fairplex [REDACTED] ID: [REDACTED]	<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

SUBTOTAL \$

Schedule A Summary

1. Amount received this period - contributions of \$100 or more (Include all Schedule A subtotals.)	\$ 66930.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 10473.43
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1)	TOTAL \$ 77403 43

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Re-Elect Supervisor Don Knabe

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Rcpt Dt: 11/07/2003	Garth Canning [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L A Co.	250.00	250.00	250.00 P 04
Rcpt Dt: 10/16/2003	RICHARD D. VELASQUEZ [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR LA CARE HEALTH PLAN	125.00	625.00	625.00 P 04
Rcpt Dt: 10/02/2003	Laurie Vackar [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	500.00	500.00	500.00 P 04
Rcpt Dt: 10/03/2003	PREMIER BUILDING MAINTENANCE SERVICES [REDACTED] ID: [REDACTED]	<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: 10/03/2003	ADLER PUBLIC AFFAIRS [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 0
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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Rcpt Dt: 11/18/2003	Ocean Granada [REDACTED] 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: 10/24/2003	Law Offices Of John W Harris [REDACTED] 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: 10/25/2003	JOSEPH TAY [REDACTED] ID	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Consulting J. T Consulting Co	125.00	125.00	125.00 P 04
Rcpt Dt: 10/20/2003	GREGORY KARNIS [REDACTED] ID	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COX, CASTLE & NICHOLSON, LLP	125.00	275.00	275.00 P 04
Rcpt Dt: 11/07/2003	Jean Shapen [REDACTED] ID	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ins. Agent Farmers Insurance	1000.00	1000.00	1000.00 P 0.

SUBTOTAL \$

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(Include all Schedule A subtotals.) \$ _____
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Rcpt Dt: 10/25/2003	JESUS RODRIGUEZ [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDGE L A SUPERIOR COURT	125.00	125.00	125.00 P 04
Rcpt Dt: 10/25/2003	NORMAN HAYNIE [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer/Developer Blue onyx Design & Engineering, Inc.	250.00	750.00	750.00 P 04
Rcpt Dt: 11/06/2003	Mikle Norton [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Broker Marina Mortgage	100.00	100.00	100.00 P 04
Rcpt Dt: 10/11/2003	Sierra Development Group [REDACTED] ID: [REDACTED]	<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: 11/18/2003	Robert Valentine [REDACTED] ID: [REDACTED]	<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
SUBTOTAL \$						

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- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals) \$ _____
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- Total monetary contributions received this period
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Rcpt Dt: 10/10/2003	Carey Properties [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 11/07/2003	Greg Hall [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L A. Co.	100.00	100.00	100.00 P 04
Rcpt Dt: 10/10/2003	SUNG OH [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROBATION OFFICER COUNTY OF LOS ANGELES	125.00	125.00	125.00 P 04
Rcpt Dt: 10/01/2003	NANCY J. PIAZZA [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER MC DONALDS RESTAURANT	250.00	250.00	250.00 P 04
Rcpt Dt: 10/25/2003	PINNACLE ADVISORS [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	0.00	0.00 P 04

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Rcpt Dt: 10/10/2003	BOA ARCHITECTURE ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 00	1000 00	1000.00 P 04
Rcpt Dt: 10/24/2003	VH PROPERTY CORP DBA OCEAN TRAILS GOLF CLUB ██████████ ██████████ 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: 12/09/2003	Karl Bohn ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L. A. Co	100.00	100 00	100.00 P 04
Rcpt Dt: 10/24/2003	Ray Smith ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Ray Smith Realty	125.00	125 00	125.00 P 04
Rcpt Dt: 10/20/2003	Paragon Partners Ltd. ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125 00	125.00 P 04

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Rcpt Dt: 10/01/2003	NANCY H AU ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR WRAP FAMILY SERVICES	100.00	100 00	100 00 P 04
Rcpt Dt: 11/06/2003	Meg Littlefield ██████████ ██████████ 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: 11/18/2003	Elisa Mcconnehea ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Boeing Co.	100 00	100.00	100 00 P 04
Rcpt Dt: 10/10/2003	JOE MCKINZIE ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED JOE C. MCKINZIE	250 00	250 00	250.00 P 04
Rcpt Dt: 10/25/2003	David Boran ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	125.00 P 04

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Rcpt Dt. 10/20/2003	Ronald Warmbier [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator Self	125.00	125.00	125.00 P 04
Rcpt Dt. 10/25/2003	Sal Flores [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant WE-ELC-U	250.00	250.00	250.00 P 04
Rcpt Dt. 12/09/2003	Shannon Davey [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L A Co	700.00	700.00	700.00 P 04
Rcpt Dt. 11/14/2003	Citizens For A Better Hermosa Beach [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 P 04
Rcpt Dt. 10/01/2003	EUNICE N. SATO [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00	100.00	100.00 P 04

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- Amount received this period - contributions of \$100 or more.
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Rcpt Dt: 10/16/2003	Southern California Pipe Trades District Council #16 [REDACTED] ID: [REDACTED]	<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: 10/03/2003	Brett Willberg [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Union Ice. Co.	250 00	250.00	250 00 P 04
Rcpt Dt: 10/24/2003	EMERGENCY AMBULANCE SERVICE, INC [REDACTED] ID: [REDACTED]	<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: 11/01/2003	Hunt Construction Group, Inc [REDACTED] ID: [REDACTED]	<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: 10/27/2003	PINNACLE ADVISORS [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-500 00	0.00	0 00 P 04

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Rcpt Dt 10/24/2003	Ladonna Dicamillo [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir Gov. Affairs BNSF Railway	125 00	125.00	125.00 P 04
Rcpt Dt 10/24/2003	Felix Helflin [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125 00	125.00	125 00 P 04
Rcpt Dt 10/01/2003	Joseph Svorinich [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125 00	125 00	125.00 P 04
Rcpt Dt 10/16/2003	JOHN EVANS [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER JOHN EVANS	125.00	625.00	625.00 P 04
Rcpt Dt 10/14/2003	KWANG KIM [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER PARIS CLEANERS	125.00	125.00	125.00 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 \$** _____

*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 from _____	CALIFORNIA FORM 460
through _____	
15 / 69	
I.D Number 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: 10/24/2003	Shan K. Thever Professional Corporation [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 P 04
Rcpt Dt: 10/02/2003	SHLEMMER INVESTMENTS [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	200.00 P 04
Rcpt Dt: 10/01/2003	Law Offices Of Richard Reinjohn [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/01/2003	PHILIP A. HOMME [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Management Homme & Co.	125.00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	Charlotte Lesser [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bus. Exec. Boby Glove	250.00	250.00	250.00 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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OTH - Other
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SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 16 / 69
	ID Number 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 ID 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 11/02/2003	Porter May Jr. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Mgr Western Air	1000 00	1000.00	1000 00 P 04
Rcpt Dt 12/15/2003	Comcast Financial Agency Corporation [REDACTED] ID: [REDACTED]	<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 10/10/2003	Susan Hollander [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V P Public Policy Catholic Healthcare West	125.00	125 00	125 00 P 04
Rcpt Dt: 10/25/2003	ANGELITA MEDINA [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER L.A. COUNTY	125.00	125 00	125 00 P 04
Rcpt Dt: 10/24/2003	STEWART INSURANCE SERVICE, INC. [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	350.00	350.00 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
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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 from _____ through _____	CALIFORNIA FORM 460
	17 / 69
	ID Number 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: 11/18/2003	Margaret Slavin [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ports Cafe	200.00	200.00	200.00 P 04
Rcpt Dt: 10/02/2003	PACIFIC COMMUNITIES BUILDER, INC. [REDACTED] ID: [REDACTED]	<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: 12/18/2003	Redondo Boardwalk, Llc [REDACTED] ID: [REDACTED]	<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: 10/10/2003	Associated General Contractors Political Action Committee [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	0.00	0.00 P 04
Rcpt Dt: 10/01/2003	Lewis Webb [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Lewmar Enterprises	150.00	150.00	150.00 P 04
SUBTOTAL \$						

Schedule A Summary

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- Total monetary contributions received this period
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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 from _____	CALIFORNIA FORM 460
through _____	
18 / 69	
NAME OF FILER Re-Elect Supervisor Don Knabe	
ID Number 1251077	

SEE INSTRUCTIONS ON REVERSE

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: 10/02/2003	BELLFLOWER-LAKEWOOD APPLIANCE CENTER [REDACTED] ID	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		375 00	375.00	375 00 P 04
Rcpt Dt: 10/24/2003	OLIVITO & ASSOCIATES, INC. [REDACTED] 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: 10/15/2003	TETRA DESIGN, INC [REDACTED] ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 11/05/2003	JAMES THOMAS [REDACTED] LOS ANGELES [REDACTED] ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED THOMAS PROPERTIES GROUP	500.00	500 00	500.00 P 04
Rcpt Dt: 10/01/2003	Claire Connell [REDACTED] ID	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Document Assistance Co.	250 00	250.00	250.00 P 04

SUBTOTAL \$

Schedule A Summary

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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 from _____	CALIFORNIA FORM 460
through _____	
19 / 69	
ID Number 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 ID 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: 10/01/2003	SAMUEL D. DEMONTEVERDE ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT DIRECTOR LITTLE TOKYO SERVICES CENTER.	125 00	325 00	325.00 P 04
Rcpt Dt. 10/16/2003	American Building Maintenance 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 12/18/2003	Michael Pashae ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Golden West Properties	1000 00	1000 00	1000.00 P 04
Rcpt Dt. 10/24/2003	Dennis L. Parmer Md 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: 11/07/2003	Julie Galbraith ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager San Diego Co.	1000.00	1000.00	1000 00 P 04

SUBTOTAL \$

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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PTY - Political Party
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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 from _____	CALIFORNIA FORM 460
through _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Re-Elect Supervisor Don Knabe	ID Number 1251077
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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: 11/06/2003	Carrie Broadus [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Women Alive	125 00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	KARL NOBUYUKI [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC ADMINISTRATOR L.A. COUNTY	125 00	125.00	125.00 P 04
Rcpt Dt: 11/02/2003	Jay McEntire 5548 Shady Creek Ln [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Mgr. University Marelich Mech-anical	1000.00	1000.00	1000 00 P 04
Rcpt Dt: 10/18/2003	CENTRAL CITY ASSOCIATION PAC [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125 00	0.00	0.00 P 04
Rcpt Dt: 10/25/2003	Dana Schuller [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V> P> OCTFCU	125.00	125 00	125.00 P 0

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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Schedule A Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	21 / 69
	I D. Number 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: 10/16/2003	Thomas Schodorf ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plumbing Contractor A. O Reed	1000 00	1000 00	1000.00 P 04
Rcpt Dt: 10/10/2003	OLSON URBAN HOUSING, LLC ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	Los Angeles County Disposal Association 5752 G Street ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	0.00	0 00 P 04
Rcpt Dt: 10/16/2003	Sasco ██████████ ██████████ 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: 11/18/2003	John Hotchkis ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Ramajal, Inc.	500.00	500.00	500 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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Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	22 / 69
	ID Number 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: 11/01/2003	Carol Berkowitz [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Harbor-UCLA Medical Center	100 00	100.00	100 00 P 04
Rcpt Dt: 10/25/2003	Roberto Sanchez [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Sanchez Development	250 00	250 00	250 00 P 04
Rcpt Dt: 10/16/2003	The Clark Construction Group, Inc [REDACTED] ID: [REDACTED]	<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: 10/10/2003	Pamela Cooksie [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clerk Pacific Maritime Assoc	125 00	125.00	125.00 P 04
Rcpt Dt: 10/16/2003	Violet Taban [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1000.00	1000.00	1000.00 P 04
SUBTOTAL \$						

Schedule A Summary

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(Include all Schedule A subtotals.) \$ _____
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- Total monetary contributions received this period
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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 from _____	CALIFORNIA FORM 460
through _____	
23 / 69	
I D Number 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: 12/09/2003	Erik Albertson [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L. A. Co.	60.00	155.00	155 00 P 04
Rcpt Dt: 10/03/2003	Rodney Spackman [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mgr Public & Government Affairs Chevron Products Co.	125 00	125.00	125 00 P 04
Rcpt Dt: 11/02/2003	Michael Parizino [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exec, V. P. AON Risk Services, Inc.	1000.00	1000.00	1000 00 P 04
Rcpt Dt: 10/25/2003	Mare Torres [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior V P Alta Medical Health Services	125 00	125 00	125 00 P 04
Rcpt Dt: 10/10/2003	EDCO Disposal [REDACTED] ID: [REDACTED]	<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 \$

Schedule A Summary

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(Include all Schedule A subtotals) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
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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 from _____ through _____	CALIFORNIA FORM 460
	24 / 69
	ID Number 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: 11/07/2003	Whitney Engeran III [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Being Alive Foundation	250.00	250.00	250 00 P 04
Rcpt Dt: 10/15/2003	JANET MUMMEY [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY JANET E. MUMMEY LAW OFFICE	125.00	125.00	125 00 P 04
Rcpt Dt: 10/20/2003	CENTRAL CITY ASSOCIATION PAC [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-125.00	0.00	0 00 P 04
Rcpt Dt: 10/01/2003	Ron Beckham [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pastor Friday Study Ministries	250.00	250.00	250 00 P 04
Rcpt Dt: 11/07/2003	Marsha Naify [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hot Java	1000.00	1000.00	1000 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 \$** _____

*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 from _____	CALIFORNIA FORM 460
through _____	
25 / 69	
I D Number 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: 11/08/2003	Michael Bateman ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L A. Co	100 00	100 00	100.00 P 04
Rcpt Dt: 10/10/2003	Cheryl Vargo ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. E Consultant Subtec	250 00	250.00	250 00 P 04
Rcpt Dt: 10/25/2003	DAVID FENDER ██████████ ██████████ ID ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAPTAIN LA COUNTY SHERIFF	250 00	250 00	250 00 P 04
Rcpt Dt 10/10/2003	RICHARD D. BULOT ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	125.00	125 00	125.00 P 04
Rcpt Dt: 10/10/2003	Pacificare ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 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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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	26 / 69
	ID Number 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: 12/09/2003	Caisteels De La Rocha [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	500.00 P 04
Rcpt Dt: 10/20/2003	IRA WALDMAN [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COX, CASTLE & NICHOLSON, LLP	125 00	725 00	725.00 P 04
Rcpt Dt: 10/01/2003	MANUELA CERRUTI [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY DIRECTOR 1736 FAMILY CRISIS CENTER	375.00	375.00	375 00 P 04
Rcpt Dt: 10/24/2003	Inco Company [REDACTED] ID: [REDACTED]	<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: 10/24/2003	THE WILLDAN GROUP OF COMPANIES [REDACTED] ID: [REDACTED]	<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

SUBTOTAL \$

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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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 from _____ through _____	CALIFORNIA FORM 460
	27 / 69
	I.D Number 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: 10/11/2003	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE/SOUTH BAY ██████████ ██████████ CA ██████████ ID: ██████████	<input type="checkbox"/> IND <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125 00	275.00	275.00 P 04
Rcpt Dt: 10/16/2003	Brian Hunt ██████████ ██████████ CA ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Diversified Properties Inc.	125.00	125 00	125.00 P 04
Rcpt Dt: 10/24/2003	CAHILL BUILDING COMPANY ██████████ ██████████ CA ██████████ 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: 10/16/2003	McCarthy ██████████ ██████████ CA ██████████ 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: 10/10/2003	Meg's Hallmark Shop ██████████ ██████████ CA ██████████ 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

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more
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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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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 from _____ through _____	CALIFORNIA FORM 460
	28 / 69

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Re-Elect Supervisor Don Knabe	ID Number 1251077
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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: 11/02/2003	Pan Pacific Plumbing [REDACTED] ID: [REDACTED]	<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: 10/10/2003	CREATIVE JEWELERS [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/01/2003	MIKE ROOS & COMPANY [REDACTED] ID: [REDACTED]	<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: 10/11/2003	LISA R. MARKELL [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECT FUND DEVELOPMENT S. CA. ALCOHOL & DRUG PROGRAMS, INC.	-250.00	250.00	250.00 P 04
Rcpt Dt: 10/10/2003	H. Topalian [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices Of H. R Topalian	125.00	125 00	125.00 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
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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 from _____	CALIFORNIA FORM 460
through _____	
29 / 69	
I D Number 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 10/25/2003	SHIGEKI KIKKAWA [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HUMAN RESOURCES MANAGER CITY OF LOS ANGELES	125.00	125.00	125.00 P 04
Rcpt Dt 10/10/2003	RICHARD A. MCCLURE [REDACTED] ID: [REDACTED]	<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: 11/06/2003	Jung & Yuen, Llp Attorneys At Law [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	Randy Bomgaars [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Bellflower USD	125.00	125.00	125.00 P 04
Rcpt Dt 10/24/2003	Norman Gordon [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	125.00 P 04

SUBTOTAL \$

Schedule A Summary

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(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
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SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460 30 / 69
ID Number 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: 10/03/2003	DWAYNE SMITH ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMISSIONER LOS ANGELES COUNTY	150.00	150.00	150 00 P 04
Rcpt Dt 10/25/2003	RAYMOND JANKOWSKI ██████████ ██████████ ID	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO COMMUNITY HOSPITAL OF LONG BEACH	125.00	325 00	325.00 P 04
Rcpt Dt. 11/21/2003	DIANE GENTILE ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MED RECORDS BHS INC.	500.00	1000.00	1000 00 P 04
Rcpt Dt 11/01/2003	Sav-Mart, Inc ██████████ ██████████ ID.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100 00	100.00 P 04
Rcpt Dt: 10/01/2003	T C COLLINS & ASSOCIATES ██████████ ██████████ ID	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	625 00	625 00 P 04

SUBTOTAL \$

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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SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
31 / 69	
I D Number 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: 10/26/2003	Erik Albertson [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L A Co	95.00	155.00	155.00 P 04
Rcpt Dt: 10/01/2003	NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES/LONG BEACH WOMAN TO WOMAN [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/15/2003	Elaine Sutnar [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Sutnar & Sutnar	100.00	100.00	100.00 P 04
Rcpt Dt: 11/02/2003	Roger Schultz [REDACTED] ID: [REDACTED]	<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: 10/25/2003	Diane Dewalsche [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO Community Hospital of L.B.	125.00	125.00	125.00 P 04

SUBTOTAL \$

Schedule A Summary

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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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OTH - Other
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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 from _____	CALIFORNIA FORM 460
through _____	
32 / 69	
I D Number 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 10/10/2003	New World Int'l Corp. Inc. [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	600.00 P 04
Rcpt Dt 10/02/2003	TIMOTHY COLLINS [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST COUNTY OF LOS ANGELES	125 00	125.00	125 00 P 04
Rcpt Dt 12/26/2003	Ocean Granada 5104 E. [REDACTED] [REDACTED] ID: [REDACTED]	<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 10/16/2003	Silvio Orlando 27040 W. [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Optimist Youth Homes	500 00	500.00	500 00 P 04
Rcpt Dt: 10/16/2003	RICHARD RYDER M. D. [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	125.00	125.00	125 00 P 04

SUBTOTAL \$

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
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COM - Recipient Committee
(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 from _____ through _____	CALIFORNIA FORM 460 33 / 69
I D Number 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: 10/10/2003	Javier Gonzales [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Accenpure	125 00	125.00	125 00 P 04
Rcpt Dt: 10/10/2003	RICHARD SIVERSON [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUILDING CONTRACTOR RICHARD T. SIVERSON	125.00	125.00	125.00 P 04
Rcpt Dt: 10/25/2003	HELEN NAJAR [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED HCN/C	125 00	125.00	125 00 P 04
Rcpt Dt: 10/16/2003	Larry Moore & Associates Inc Realtors 2700 Pacific [REDACTED] [REDACTED] ID: [REDACTED]	<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: 10/25/2003	Ryan Alsop [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Employee Long Beach Water Dept	125.00	125 00	125 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 \$** _____

*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 from _____	CALIFORNIA FORM 460
through _____	
34 / 69	
ID Number 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 ID 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: 10/24/2003	TED T. TANAKA ARCHITECTS ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	750.00	750.00 P 04
Rcpt Dt: 10/10/2003	WALTON DOUGHER ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAYOR CITY OF MANHATTAN BEACH	125.00	125.00	125.00 P 04
Rcpt Dt: 10/15/2003	DIAMOND PLAZA, LLC ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/24/2003	Sam Riddle Jr 2220 E. South ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	125.00 P 04
Rcpt Dt: 10/20/2003	Douglas Snyder ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cox, Castle & Nicholson	125.00	125.00	125.00 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 \$** _____

*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 from _____ through _____	CALIFORNIA FORM 460
	35 / 69
NAME OF FILER Re-Elect Supervisor Don Knabe	
I D Number 1251077	

SEE INSTRUCTIONS ON REVERSE

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: 10/25/2003	Catalyst Development [REDACTED] ID: [REDACTED]	<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: 10/02/2003	LOIS KARP [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICE ADMINISTRATOR NATIONAL PROPERTIES GROU- P	125.00	625 00	625.00 P 04
Rcpt Dt: 10/10/2003	G E K Inc. [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125 00	125 00 P 04
Rcpt Dt: 10/25/2003	Frances Schreiner [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Executive PeopleSoft	125.00	125.00	125.00 P 04
Rcpt Dt: 10/11/2003	Robert Irvin [REDACTED] ID: [REDACTED]	<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
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 from _____ through _____	CALIFORNIA FORM 460
	36 / 69
	ID Number 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: 10/01/2003	Kurt Eichsteadt [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen . Mgr Cox Target Media	250.00	250.00	250.00 P 04
Rcpt Dt: 12/09/2003	Brian Bennett [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V P So Ca Edison	250 00	250.00	250 00 P 04
Rcpt Dt: 10/15/2003	Aleshire & Wynder, Llc [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	Centennial Founders Llc [REDACTED] ID: [REDACTED]	<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: 10/21/2003	Los Angeles County Disposal Association [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-500.00	0.00	0.00 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)
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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 from _____ through _____	CALIFORNIA FORM 460
	37 / 69
I D Number 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: 10/24/2003	DON TEMPLE [REDACTED] [REDACTED] CA 92000 ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER DON TEMPLE ENTERPRISES	250.00	450.00	450.00 P 04
Rcpt Dt: 11/18/2003	Scott Welker [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Welker & Assoc.	500.00	500.00	500.00 P 04
Rcpt Dt: 11/12/2003	LB/L-Suncal Northlake, LLC [REDACTED] [REDACTED] ID: [REDACTED]	<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: 10/25/2003	DONALD WESTERLAND [REDACTED] [REDACTED] H [REDACTED] 9[REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT/CEO LBCMC FOUNDATION	125.00	125.00	125.00 P 04
Rcpt Dt: 10/24/2003	CALIFORNIA SULPHUR COMPANY [REDACTED] [REDACTED] CA 92711 ID: [REDACTED]	<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
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)
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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 from _____ through _____	CALIFORNIA FORM 460 38 / 69
I D. Number 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: 10/15/2003	Jacob Aguilar [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Service Mgr. L. A. Co DPSS	100.00	100.00	100.00 P 04
Rcpt Dt: 10/25/2003	Walter Stone [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO L. A. Care	125.00	125.00	125.00 P 04
Rcpt Dt: 12/10/2003	Whitney Engeran III [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Being Alive Foundation	250.00	250.00	250.00 P 04
Rcpt Dt: 10/10/2003	RHONDA OLIVER [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER READY-MIX CONCRETE	250.00	250.00	250.00 P 04
Rcpt Dt: 10/10/2003	CLINICA MEDICA HISPANA MEDICAL CORP. [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 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 \$** _____

*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 from _____	CALIFORNIA FORM 460
through _____	
39 / 69	
I D Number 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: 10/15/2003	C Langslet ██████████ ██████████ ██████████ 90003 2000 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 11/08/2003	Albert Schneider ██████████ ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L. A. Co	100 00	100 00	100 00 P 04
Rcpt Dt: 10/10/2003	PAUL SIVERSON ██████████ ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR MOORE & ASSOCIATES REALT- ORS	125.00	125.00	125.00 P 04
Rcpt Dt: 10/01/2003	Louis Piltz ██████████ ██████████ ██████████ 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: 10/25/2003	MARY ASSAD ██████████ ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY Parker-Stanbury LLP	125.00	125.00	125.00 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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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 from _____ through _____	CALIFORNIA FORM 460
	40 / 69
	I.D Number 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. 10/02/2003	H.B DROLLINGER CO. [REDACTED] ID: [REDACTED]	<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. 10/25/2003	Noel Stone [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator TUSD	125.00	125 00	125.00 P 04
Rcpt Dt. 11/24/2003	Ocean Granada [REDACTED] ID: [REDACTED]	<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. 11/18/2003	Rebecca Birmingham [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Attorney	250.00	250 00	250.00 P 04
Rcpt Dt. 10/12/2003	John Moore [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Sales Mgr Oscar Mayer	125.00	125.00	125.00 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 \$** _____

*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 from _____ through _____	CALIFORNIA FORM 460
	41 / 69
	I D. Number 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: 10/01/2003	ALAN ULRICH [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Security Supervisor UNITED PARCEL SERVICE	125.00	125 00	125 00 P 04
Rcpt Dt: 10/25/2003	James Hernandez [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Accenture	125.00	125 00	125.00 P 04
Rcpt Dt: 10/03/2003	Satya Jandial [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	125.00 P 04
Rcpt Dt: 10/16/2003	AUGUSTAVIA HAYDEL [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL COUNSEL L.A. CARE HEALTH PLAN	125.00	125 00	125.00 P 04
Rcpt Dt: 12/03/2003	Whitney Engeran III [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Being Alive Foundation	-250 00	250.00	250.00 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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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 from _____ through _____	CALIFORNIA FORM 460
	42 / 69
	ID Number 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: 12/09/2003	G. Thompson [REDACTED] [REDACTED] h [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L A Co.	500.00	500.00	500.00 P 04
Rcpt Dt: 10/25/2003	Mark Mendoza [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V P. Paragon Partners LTD.	125.00	125.00	125.00 P 04
Rcpt Dt: 11/06/2003	Pacific Coast Financial Services [REDACTED] [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 P 04
Rcpt Dt: 10/10/2003	Whittier Rio Hondo Aids Project [REDACTED] [REDACTED] ID: [REDACTED]	<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: 11/17/2003	Joint Efforts, Inc [REDACTED] [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 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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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 from _____ through _____	CALIFORNIA FORM 460
	43 / 69
	I.D Number 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: 10/14/2003	Pat Pratt [REDACTED] ID: [REDACTED]	<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: 11/06/2003	Dr. Simon Simomiam M. D. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Self	250.00	250.00	250.00 P 04
Rcpt Dt: 10/10/2003	Jackie McGee [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Offical Pacific Maritime Assoc	125.00	125 00	125.00 P 04
Rcpt Dt: 10/10/2003	JAMES ANDREW Jr. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRANSPORTATION CONSULTANT JOE N. ANDREW	125 00	125.00	125 00 P 04
Rcpt Dt: 11/06/2003	Gordon Forester Jr. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adminstrator City of Signal Hill	200 00	325.00	325 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 \$** _____

*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 from _____ through _____	CALIFORNIA FORM 460
	44 / 69
	ID Number 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 10/24/2003	Coca-Cola Enterprises Inc. [REDACTED] ID: [REDACTED]	<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 10/02/2003	EDNA F BRUCE [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER COUNTY OF LOS ANGELES	100.00	100.00	100.00 P 04
Rcpt Dt 10/01/2003	DERRICK A. WOOD [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE Broker Century 21	300.00	300.00	300.00 P 04
Rcpt Dt 11/08/2003	Jared Vargas [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard L. A. Co	100.00	100.00	100.00 P 04
Rcpt Dt 10/24/2003	Judith Mitchell [REDACTED] ID: [REDACTED]	<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
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 from _____ through _____	CALIFORNIA FORM 460
	45 / 69
	ID Number 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: 10/20/2003	KENNETH BLEY [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COX, CASTLE & NICHOLSON, LLP	125.00	325.00	325.00 P 04
Rcpt Dt: 11/06/2003	Karma Leeds [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Co. of Los Angeles	100.00	100.00	100.00 P 04
Rcpt Dt: 10/10/2003	NASRIN SOLIMAN [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA COUNTY OF ORANGE	250.00	250.00	250.00 P 04
Rcpt Dt: 10/25/2003	CARMEN PEREZ [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOSPITAL ADMINISTRATOR COUNTY OF LOS ANGELES	125.00	125.00	125.00 P 04
Rcpt Dt: 10/11/2003	LISA R. MARKELL [REDACTED] [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECT FUND DEVELOPMENT S. CA. ALCOHOL & DRUG PROGRAMS, INC.	250.00	250.00	250.00 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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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	46 / 69
	ID Number 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: 11/18/2003	Kelly Caves [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant Merrill Lynch	200.00	200.00	200 00 P 04
Rcpt Dt: 10/14/2003	Kuykendall Assembly Committee [REDACTED] ID: [REDACTED]	<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: 10/01/2003	RICK J. CARUSO [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CARUSO AFFILIATED HOLDINGS	500.00	1000.00	1000 00 P 04
Rcpt Dt: 10/14/2003	James Hankla [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker International City Mortgage	250.00	250.00	250.00 P 04
Rcpt Dt: 10/25/2003	TEVAN AROUSTAMIAN [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SPECIAL ASSISTANT TO THE SHERIFF L.A. COUNTY SHERIFF DEPARTMENT	125.00	125.00	125 00 P 04

SUBTOTAL \$

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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(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 from _____	CALIFORNIA FORM 460
through _____	
47 / 69	
I.D Number 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: 11/02/2003	DR. Phyllis Monroe-Cannom M. D. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self	500.00	500 00	500 00 P 04
Rcpt Dt: 11/07/2003	Tact Management [REDACTED] ID: [REDACTED]	<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: 11/17/2003	Whitney Engeran III [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Being Alive Foundation	-250.00	250.00	250.00 P 04
Rcpt Dt: 10/27/2003	PINNACLE ADVISORS [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-125 00	0.00	0.00 P 04
Rcpt Dt: 10/25/2003	AFAF ASSAD [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF ASSESSOR COUNTY OF LOS ANGELES	250 00	250 00	250 00 P 04

SUBTOTAL \$

Schedule A Summary

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(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.
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	48 / 69
NAME OF FILER Re-Elect Supervisor Don Knabe	
I D Number 1251077	

SEE INSTRUCTIONS ON REVERSE

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: 11/06/2003	R. M. Cosio [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	100.00	100.00	100.00 P 04
Rcpt Dt: 10/10/2003	Trabuco Oaks Steak House Inc. [REDACTED] ID: [REDACTED]	<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: 10/24/2003	JOHN MARTINS [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR JOHN MARTINS CONTRACTOR	125.00	125.00	125.00 P 04
Rcpt Dt: 10/21/2003	Associated General Contractors Political Action Committee [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-125.00	0.00	0.00 P 04
Rcpt Dt: 10/10/2003	MELINDA KIMSEY [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Bellflower USD	125.00	125.00	125.00 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
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 from _____	CALIFORNIA FORM 460
through _____	
49 / 69	

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: 10/16/2003	HOWARD A KAHN [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LA CARE HEALTH PLAN	125.00	625.00	625 00 P 04
Rcpt Dt: 10/01/2003	George Ray [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LeFiell Mfg Co	250.00	250 00	250 00 P 04
Rcpt Dt: 10/10/2003	Andrew J. Manos D. O., Inc. [REDACTED] ID: [REDACTED]	<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: 10/10/2003	Langdon Wilson Architecture Planning Interiors [REDACTED] ID: [REDACTED]	<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: 10/24/2003	SANTA FE MEDICAL OFFICE [REDACTED] ID: [REDACTED]	<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
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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 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 from _____	CALIFORNIA FORM 460
through _____	
50 / 69	
I D Number 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: 10/24/2003	Henry Yee [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor L A Co. Public Works	125.00	125.00	125 00 P 04
Rcpt Dt: 10/24/2003	MARCY ZWELLING-AAMOT [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN MARCY ZWELLING-AAMOT, M.D.	125 00	125 00	125 00 P 04
Rcpt Dt: 10/24/2003	South Coast Shingle Company, Inc. A-1 Building Materials [REDACTED] ID: [REDACTED]	<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: 10/16/2003	VICTOR EPPORT [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY EPPORT & RICHMAN, LLP	125.00	625.00	625 00 P 04
Rcpt Dt: 10/11/2003	MARTHA HOUSE [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C P.A. C & M Associates	250.00	250 00	250.00 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
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 from _____	CALIFORNIA FORM 460
through _____	
51 / 69	
I D Number 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: 11/01/2003	Martha Gamble ██████████ ██████████ CA 90075 ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Mgr. Jim Gamble Puppets Productions	100.00	100.00	100 00 P 04
Rcpt Dt: 10/02/2003	Michael Schneider ██████████ ██████████ CA ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Micheal Schneider & Co	250.00	250 00	250 00 P 04
Rcpt Dt: 10/10/2003	ELAINE MANICONE ██████████ ██████████ CA ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	250.00	250.00	250 00 P 04
Rcpt Dt: 10/11/2003	The Anderson Group Of California, Inc. ██████████ ██████████ CA ██████████ 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: 10/24/2003	Independent Taxi Owners Association ██████████ ██████████ CA ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		375.00	375 00	375 00 P 04

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more
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Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	52 / 69
	I.D. Number 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: 11/06/2003	Patricia Crosby [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Beacon House	100.00	100.00	100.00 P 04
Rcpt Dt: 11/18/2003	Preston Hotchkis [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Bixby Ranch Co	500.00	500.00	500.00 P 04
Rcpt Dt: 10/01/2003	Greater Lakewood Chamber Of Commerce [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/25/2003	Frank Zerunyan [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sulmeyer Kupetz	125.00	125.00	125.00 P 04
Rcpt Dt: 10/01/2003	WILLIAM CHADWICK [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT BANKER WILLIAM J. CHADWICK	250.00	250.00	250.00 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 \$** _____

*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		CALIFORNIA FORM 460
from _____	through _____	
		53 / 69
NAME OF FILER Re-Elect Supervisor Don Knabe		ID Number 1251077

SEE INSTRUCTIONS ON REVERSE

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: 10/10/2003	A. D' ALESSANDRO [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR D&H CONSTRUCTION CO	250.00	500.00	500 00 P 04
Rcpt Dt: 10/25/2003	Gordon Forester Jr. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator City of Signal Hill	125.00	325 00	325 00 P 04
Rcpt Dt: 10/10/2003	LINDA RIDOLFO [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NURSE L.A. COUNTY	250.00	250.00	250.00 P 04
Rcpt Dt: 10/03/2003	RICHARD YU [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SR. COMPUTER ENGINEER L.A. COUNTY	125.00	125.00	125.00 P 04
Rcpt Dt: 10/24/2003	R. Mahajan [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pres. Mahajan Enterprises	125.00	125.00	125 00 P 04

SUBTOTAL \$

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.
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to whole dollars.

SCHEDULE A

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
54 / 69	
I D Number 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: 10/25/2003	BRYNN KERNAGHAN [REDACTED] L [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER LONG BEACH TRANSIT	125.00	125.00	125.00 P 04
Rcpt Dt: 10/24/2003	Richard Wigod M. D. [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physican L. B. Comunity Hopsital	125.00	125.00	125.00 P 04
Rcpt Dt: 10/25/2003	Feld Investments Llc [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	GLORIA HEER [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSIONAL VOLUNTEER	100.00	100.00	100.00 P 04
Rcpt Dt: 10/25/2003	MARSHA YOUDE [REDACTED] ID: [REDACTED]	<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 \$						

Schedule A Summary

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(Include all Schedule A subtotals) \$ _____
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Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
55 / 69	
ID Number 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: 10/15/2003	ALBRIGHT, YEE & SCHMIT ██████████ ██████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	750.00	750.00 P 04
Rcpt Dt: 10/14/2003	Songlin International Corp. ██████████ ██████████ 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: 10/16/2003	Southland Industries ██████████ ██████████ 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: 11/06/2003	Jennifer Andrews ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technical Asst. St. Mary's Medical Ctr.	100.00	100.00	100.00 P 04
Rcpt Dt: 11/25/2003	Whitney Engeran III ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Being Alive Foundation	250.00	250.00	250.00 P 0

SUBTOTAL \$

Schedule A Summary

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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 from _____ through _____	CALIFORNIA FORM 460
	56 / 69
	ID Number 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: 10/24/2003	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	250.00	450.00	450.00 P 04
Rcpt Dt: 11/06/2003	Corey Derby ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir of Public Affairs Being Alive Foundation	200.00	200.00	200.00 P 04
Rcpt Dt: 10/10/2003	Boone, Bridges, Mueller, O'keefe & Nichols ██████████ ██████████ 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: 10/10/2003	ERIC SHAVELY ██████████ ██████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAFETY SUPERVISOR LA D W.P.	125.00	125.00	125.00 P 04

SUBTOTAL \$ 66930.00

Schedule A Summary

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