Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period from 071012005		CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through 12/31/2	2005		5 / 67
NAME OF FILER						I.D. Nu	mber
Supervisor Don	Knabe Officeholder Account		_			9705	12
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 CALENDAR Y - (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 07/21/2005	Pine Avenue S & G, Llc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		750.00	75	0.00	750.00 P 04
Rept Dt: 07/21/2005	Nicholas Andrizzi	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	100	0.00	1000.00 P 04
Rcpt Dt: 09/23/2005	CLINICA MEDICA HISPANA MEDICAL CORP.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		200.00	20	0.00	200.00 P 04
Rcpt Dt: 09/23/2005	FU-LYONS ASSOCIATES	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	30	00.00	300.00 P 04
Rcpt Dt: 09/23/2005	KENNY'S AUTO SERVICE	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	. 25	50.00	250.00 P 04
			SUBTOTAL	\$			Military and the
	a Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _	90324.00	JN		r Codes idual ipient Committee er than PTY or SCC)
2. Amount rec	eived this period - unitemized contributions of less	than \$100	\$ _	2054.00		TH - Other	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.) TOTAL \$	92378.00		rY - Politic CC- Smal	cal Party I Contributor Committee

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WALLS TO STREET	9871923	200	10000		

Monetary Contributions Received			to whole dollars.		ers period .00 5	california 460 form	
SEE INSTRUCTION	NS ON REVERSE			through 12 31 2	005		6 / 67
NAME OF FILER		·				I.D. Nur	mber
Supervisor Dor	n Knabe Officeholder Account					97 <u>05</u>	12
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTORCODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/23/2005	Murchison Consulting, Inc.	IND COM OTH PTY		300.00	30	0.00	300.00 P 04
Rcpt Dt: 09/23/2005	The Arcade Building	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	0.00	300.00 P 04
Rcpt Dt: 09/23/2005	M. G. Brassard	IND COM OTH PTY SCC	Owner Carpets For You	100.00	10	00.00	225.00 P 04
Rcpt Dt: 09/23/2005	Eunice David		Retired	150.00	15	50.00	150.00 P 04
Rept Dt: 09/23/2005	John C. Maclaurin	X IND COM OTH PTY SCC	Manager Urbatec	300.00	30	00.00	300.00 P 04
			SUBTOTAL	. \$			
Amount red (Include all Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)	•			. O	oth) TH - Other TY <i>-</i> Politic	idual ipient Committee er than PTY or SCC) cal Party
	etary contributions received this period.	Column A. Line	1) TOTAL \$		s	CC - Smal	1 Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary (Contributions Received	to whole dollars. Statement covers period from 07 01 2005		california 460			
SEE INSTRUCTION	IS ON REVERSE			through 12 31 2	2005		7 / 67
NAME OF FILER	Vacha Officabaldas Assourt					I.D. Nu	ımber
Supervisor Dor	Knabe Officeholder Account	_	-			9705	12
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 CALENDAR Y (JAN. 1 DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/23/2005	ANGELINE L. PAPADAKIS	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	WRITER ANGIE PAPADAKIS	150.00	15	50.00	150.00 P 04
Rept Dt: 09/23/2005	ROBERT SCHAEFER	X IND COM OTH PTY SCC	R.E. SCHAEFER, CONSULTA	300.00 AN-	30	00.00	300.00 P 04
Rcpt Dt: 09/26/2005	SHURL CURCI	X IND COM OTH PTY	REAL ESTATE DEVELOPER TRANSPACIFIC DEVELOPM COMPANY		100	00.00	1000.00 P 04
Rcpt Dt: 09/26/2005	GEORGE DEUKMEJIAN	IND COM OTH PTY SCC	RETIRED	300.00	30	00.00	550.00 P 04
Rcpt Dt: 09/26/2005	WALTON R. DOUGHER ID:	X IND COM OTH PTY SCC	Retired	150.00	15	50.00	275.00 P 04
			SUBTOTAL	\$			
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less				IN C		idual ipient Committee er than PTY or SCC)
3. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C				P-	ΓΥ - Politic	

Type or print in ink.
Amounts may be rounded

	SCHEDULE A
Statement covers period	CALIFORNIA 160
07/01/2005	FORM 400
	- · - -

Monetary (Monetary Contributions Received		to whole dollars.		2005	FORM 460	
SEE INSTRUCTION	NS ON REVERSE			from 07 01 1 through 12 31	2005	8 / 67	
NAME OF FILER						I.D. Number	
Supervisor Dor	n Knabe Officeholder Account					970512	
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 D CALENDAR YEA (JAN. 1 - DEG. 3	R TO DATE	
Rcpt Dt: 09/26/2005	Craig C Kessler	IND COM OTH PTY SCC	Executive Director Public Links Golf Assn.	150.00	150.	00 150.00 P 04	
Rcpt Dt: 09/26/2005	RUSSELL F. LESSER	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	BUSINESS EXECUTIVE BODY GLOVE	300.00	300.	00 300.00 P 04	
Rcpt Dt: 09/26/2005	Gunjit S. Sikand	IND COM OTH PTY SCC	Civil Engineer Sikand Engineering	150.00	150	.00 150.00 P 04	
Rcpt Dt: 09/26/2005	Scott Taylor	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Woodlake Law Corp.	1000.00	1000	.00 1000.00 P 04	
Rcpt Dt: 09/27/2005	New World Int'l Corp. Inc	IND COM SO OTH PTY SCC		1000.00	1000	.00 1000.00 P 04	
		•	SUBTOTAL	. \$			
Schedule A 1. Amount rec (Include all	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)) .	\$ _		IND	ntributor Codes - Individual I - Recipient Committee (other than PTY or SCC)	
2. Amount red	ceived this period - unitemized contributions of le	ess than \$100	\$ _			I- Other	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page.	, Column A, Line	1.)T OTAL \$ _			- Political Party C- Small Contributor Committee	

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Amounts may be rounded

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Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			Amounts may be rounded to whole dollars.		Statement covers period from 67 01 2005		SALIFORNIA 460 FORM 9/67	
NAME OF FILER	45 ON REVERSE		-	<u> </u>		I.D. Nur	mber	
	Nabe Officeholder Account					9705		
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 09/27/2005	Arthur M. Levine	IND COM OTH PTY SCC	Professor CSULB	150.00	15	50.00	150.00 P 04	
Rcpt Dt: 09/27/2005	Meg_Littlefield	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Retired	300.00	30	00.00	550.00 P 04	
Rcpt Dt: 09/27/2005	SUSAN MANDEL	X IND COM OTH PTY SCC	CLINIC ADMINISTRATOR PACIFIC CLINICS	150.00	15	50.00	150.00 P 04	
Rcpt Dt: 09/27/2005	Helen R Mars	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President California Litho Arts	500.00	50	00.00	500.00 P 04	
Rcpt Dt: 09/27/2005	JANET E MUMMEY	X IND COM OTH PTY SCC	JANET E. MUMMEY LAW O	100.00	10	00.00	200.00 P 04	
			SUBTOTAL	\$	4.2	100	\$2.00 pg.	
(Include all	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)				C	othe) TH- Other	dual pient Committee er than PTY or SCC)	
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, C					TY - Politic CC- Small	al Party Contributor Committee	

Schedule /		Tvn	e or print in ink.				SCHEDULE A
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2005		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		10 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					I.D. N 9705	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/27/2005	H. R. Topalian	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices Of H. R. Topalian	150.00	15	0.00	150.00 P 04
Rcpt Dt: 09/28/2005	Apartment Association, California Southern Cities/IPP	□IND		1000.00	100	00.00	1000.00 P 04
Rcpt Dt: 09/28/2005	Far West Management Corp.	☐ IND☐ COM☐ OTH☐ PTY		300.00	. 30	00.00	800.00 P 04

Schedule A	Summary				*Contribu	tor Codes
			SUBTOTAL	\$		
	າ ບ :	☐ OTH☐ PTY☐ SCC	SWI Group of Cos			
Rcpt Dt: 09/28/2005	Rov E. Hearrean	X IND □ COM	Developer	300.00	300.00	550.00 P 04
	ĬĎ:	☐ OTH ☐ PTY ☐ SCC	Robert Buell Equipment			
Rcpt Dt: 09/28/2005	Mary Buell		Owner	300.00	300.00	425.00 P 04
	Irvine ID:	□ PTY □ SCC				
09/28/2005	Far West Management Corp.	☐ COM ☒ OTH		300.00	, 300.00	

- 2. Amount received this period unitemized contributions of less than \$100\$

Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC-Small Contributor Committee

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Schedule A	A		e or print in ink.				SCHEDULE A
Monetary	Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CALIF	ORNIA 160
,				from 07 01	2005		ORNIA 460
SEE INSTRUCTION	IS ON REVERSE			through 12 3	2005		11 / 67
NAME OF FILER						I.D. Nur	mber
Supervisor Dor	n Knabe Officeholder Account		_			97051	12
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 T CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/28/2005	JACK KARP	X IND ☐ COM ☐ OTH	BROKER	150.00	15	50.00	150.00 P 04
	ID:	D PTY	NATIONAL PROPERTIES GE	OU-			
Rcpt Dt: 09/28/2005	LOIS KARP	IND □ COM □ OTH	OFFICE ADMINISTRATOR	150.00	15	50.00	275.00 P 04
	ID:	D PTY SCC	NATIONAL PROPERTIES GF	100-			
Rept Dt: 09/30/2005	Charles J. Banks Co.	☐ IND ☐ COM ☑ OTH ☐ PTY		500.00	50	00.00	500.00 P 04
Don't Dt	ID: '	□ scc				-	000 00 B 04
Rcpt Dt: 09/30/2005	Pacific Ocean Management, LLC	IND COM OTH		300.00	30	00.00	300.00 P 04
	ID:	SCC					
Rcpt Dt: 09/30/2005	Sami I. Abdel-Saved	☐ IND☐ COM☐ OTH☐ PTY	Physician Los Angeles Co	300.00	30	00.00	675.00 P 04
	ĬĎ:	Scc					
			SUBTOTAL	\$			i palituaca e 🖎
Schedule A	Summary					No 4 10 4	Onder
1. Amount red	eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ <u></u>		IV.		dual pient Committee
2. Amount red	eived this period - unitemized contributions of less	than \$100	\$ _	_	- 1	TH-Other	er than PTY or SCC)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.) TOTAL \$			TY - Politic CC - Small	al Party Contributor Committee

Type or print in ink. Amounts may be rounded

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eriod	CALIFORNIA AGO
25	FORM 400

SCHEDULE A

Statement covers p to whole dollars. 12 / 67 SEE INSTRUCTIONS ON REVERSE I.D. Number NAME OF FILER Supervisor Don Knabe Officeholder Account 970512

					0.0	
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: 09/30/2005	JOHN E. EVANS		REAL ESTATE DEVELOPER JOHN EVANS	125.00	125.00	125.00 P 04
Rcpt Dt: 09/30/2005	LINDA S. MCCULLOUGH ID:	IND COM OTH PTY SCC	EXECUTIVE WDM CONTRACTING	100.00	100.00	100.00 P 04
Rcpt Dt: 09/30/2005	TED SHORT	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER TED SHORT & ASSOCIATES	100.00	100.00	350.00 P 04
Rcpt Dt: 09/30/2005	JOSEPH N. SMITH	X IND COM OTH PTY SCC	DIRECTOR COUNTY OF LOS ANGELES	100.00	100.00	200.00 P 04
Rcpt Dt: 09/30/2005	RICHARD YU	X IND COM OTH PTY SCC	SR. COMPUTER ENGINEER	150.00	150.00	275.00 P 04
			SUBTOTAL	<u> </u>	。在新一个新创 业	

S	ch	ed	ule	Α	Su	mma	ırv
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1.	Amount received this period - contributions of \$100 or more.
	(Include all Schedule A subtotals.)
2.	Amount received this period - unitemized contributions of less than \$100\$

3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary (Contributions Received		o whole dollars.	Statement cov	•	CALI	FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			from <u>67/81/6</u>		<u> </u>	13 / 67
NAME OF FILER						I.D. N	ımber
Supervisor Don	n Knabe Officeholder Account					9705	512
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/01/2005	HINDERLITER, DE LLAMAS & ASSOC.	IND COM OTH PTY SCC		1000.00	100	00.00	1000.00 P 04
Rcpt Dt: 10/01/2005	Parker, Milliken, Clark, O'Hara & Samuelian	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00 P 04
Rcpt Dt: 10/01/2005	Eli Broad	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder Broad Foundations	1000.00	100	00.00	1000.00 P 04
Rcpt Dt: 10/01/2005	A. a. D' ALESSANDRO	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONTRACTOR D&H CONSTRUCTION CO.	150.00	15	50.00	150.00 P 04
Rcpt Dt: 10/01/2005	ELWOOD LUI	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	JONES, DAY, REAVIS & POGUE	300.00	30	00.00	550.00 P 04
			SUBTOTAL	\$			in the second
	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _		IN		
2. Amount rec	ceived this period - unitemized contributions of les	s than \$100	\$ _			TH-Othe	,
3. Total mone (Add Lines	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, (Column A, Line 1	I.) · TOTAL \$				Il Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary (Contributions Received	to	whole dollars.	from 07/01/2	•	CALII FO	ORM 460
SEE INSTRUCTION	NS ON REVERSE			through 12 31	200		14 / 67
NAME OF FILER						I.D. Nu	mber
Supervisor Don	n Knabe Officeholder Account					9705	12
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)-
Rcpt Dt: 10/01/2005	NABIL TAFAK.II	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SOCIAL WORKER CHILDNET	150.00	15	0.00	150.00 P 04
Rept Dt: 10/01/2005	ALAN D. ULRICH	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Security Supervisor UNITED PARCEL SERVICE	150.00	15	0.00	275.00 P 04
Rcpt Dt: 10/03/2005	Arciero & Sons, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	0.00	450.00 P 04
Rcpt Dt: 10/03/2005	Long Beach Museum Of Art Foundation	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	00.00	300.00 P 04
Rcpt Dt: 10/03/2005	SCCA Political Action Committee	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		750.00	75	50.00	750.00 P 04
			SUBTOTAL	\$		34	
	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ <u>_</u>		IN		idual ipient Committee
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$		1 -	TH- Othe	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	1.) TOTAL \$			TY - Politi CC - Sm a l	cal Party I Contributor Committee

Type or print in ink.

	SCHEDULE	A

Monetary (Contributions Received		whole dollars.	statement covered from 07 01 20 through 12 31 2	200	FU	ORNIA 460 15 / 67
SEE INSTRUCTION	IS ON REVERSE			anough		I.D. Nu	mber
NAME OF FILER Supervisor Don	Knabe Officeholder Account					9705	
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 T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/03/2005	The Willdan Group Of Companies	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		600.00	60	00.00	600.00 P 04
Rcpt Dt: 10/03/2005	Steven B Chesser	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Boeing Community Relations	150.00	15	50.00	150.00 P 04
Rcpt Dt: 10/03/2005	Steven A Feld	X IND COM OTH PTY SCC	Accountant Feld Accounting	150.00	1:	50.00	150.00 P 04
Rept Dt: 10/03/2005	Evelyn M. Gutierrez	X IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	2	00.00	450.00 P 04
Rcpt Dt: 10/03/2005	JOHN N. HOPKINS		INVESTIGATOR LOS ANGELES COUNTY	150.00	1	50.00	150.00 P 04
			SUBTOTAL	. \$			
(Include all 2. Amount red 3. Total mone	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)	ess than \$100	\$ <u>_</u>		. C	oth) OTH - Othe PTY - Politi	idual ipient Committee ner than PTY or SCC) r

Type or print in ink.
Amounts may be rounded

SCHEDULE.	

Monetary (Contributions Received	to	whole dollars.	from 07/01/	2005	CALIF	ORNIA 460
SEE INSTRUCTION	NS ON REVERSE			from 07 01 through 12 31	2005		16 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					I.D. Nun 97051	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/03/2005	MAS NAGAMI	IND COM OTH PTY SCC	CONSULTANT MN ASSOCIATES	300.00	30	0.00	300.00 P 04
Rcpt Dt: 10/04/2005	ASSOCIATION OF LOS ANGELES DEPUTY SHERI	IND FFSIRACOM OTH PTY SCC		300.00	30	0.00	300.00 P 04
Rcpt Dt: 10/04/2005	B & E Engineers	IND COM OTH PTY SCC		300.00	30	0.00	550.00 P 04
Rcpt Dt: 10/04/2005	KESSEL & ASSOCIATES	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	30	0.00	425.00 P 04
Rcpt Dt: 10/04/2005	Ramona Senior Center	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	30	0.00	300.00 P 04
			SUBTOTAL	\$			
	A Summary peived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$ _		IN	•	
	ceived this period - unitemized contributions of less	than \$100	\$ _			TH- Other Y - Politic	,
Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A. Line	1.) TOTAL \$				Contributor Committee

SEE INSTRUCTION NAME OF FILER	Contributions Received	Amour	e or print in ink. its may be rounded whole dollars.	Statement cover from <u>07 01 .</u>	2005	FC	FORNIA 460 DRM: 17 / 67
	Knabe Officeholder Account					9705	
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 RERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/04/2005	Lynne Appel	IND COM OTH PTY SCC	Executive Director SCADP	150.00	15	0.00	275.00 P 04
Rcpt Dt: 10/04/2005	Lori Bombard	IND COM OTH PTY SCC	Accountant Catalina Express	1000.00	100	00.00	1000.00 P 04
Rept Dt: 10/04/2005	STEPHEN T. CONLEY	IND COM OTH PTY SCC	REAL ESTATE BANCAP	300.00	30	00.00	300.00 P 04
Rcpt Dt: 10/04/2005	CLAYTON HOLLOPETER	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EXECUTIVE DIRECTOR BOYS & GIRLS CLUB - S.G. VALLEY	150.00	15	50.00	275.00 P 04
Rcpt Dt: 10/04/2005	ROBERT A. LARSEN		CFO S.CA. ALCOHOL & DRUG PROGRAM, INC.	150.00	15	50.00	275.00 P 04

	SUBTOTAL \$	
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S	che	dul	e A	Su	mr	nary	•

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary	Contributions Received	to	whole dollars.	from 07 01 20	•	CALIF	ORM 460
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		18 / 67
NAME OF FILER						I.D. Nu	mber
Supervisor Dor	n Knabe Officeholder Account					9705	12
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/04/2005	LISA R. MARKELL	X IND COM OTH PTY SCC	DIRECT FUND DEVELOPME S. CA. ALCOHOL & DRUG PROGRAMS, INC.	NT 150.00	15	0.00	150.00 P 04
Rcpt Dt: 10/04/2005	KARL NOBLYLIKI	IND COM OTH PTY	PUBLIC ADMINISTRATOR L.A. COUNTY	150.00	15	50.00	150.00 P 04
Rcpt Dt: 10/04/2005	Pamela B Schuur	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Pamela Schuur	300.00	30	00.00	300.00 P 04
Rcpt Dt: 10/05/2005	College Hospital	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		750.00	75	50.00	750.00 P 04
Rcpt Dt: 10/05/2005	Schaefer Ambulance Service, Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	·	300.00	30	00.00	300.00 P 04
			SUBTOTAL	\$	The State of the S		
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				IN CC	oth) TH - Other	idual ipient Committee er than PTY or SCC)
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co					TY - Polition	cal Party I Contributor Committee

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

Statement sovere period

Statement covers period	CALIFORNIA / G
from 07/01/2005	FORM 400
through 12 31 2005	19 / 67

SEE I	NSTR	UCTIONS	ON	REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

I.D. Number

SCHEDULE A

970512

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: 10/05/2005	TETRA DESIGN, INC.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.00	275.00 P 04
Rcpt Dt: 10/05/2005	TRABUCO OAKS STEAK HOUSE, INC.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00	550.00 P 04
Rcpt Dt: 10/05/2005	CLARE CONNELL	IND COM OTH PTY SCC	MANAGER DOCUMENT ASSISTANCE O	300.00 O.	300.00	550.00 P 04
Rcpt Dt: 10/05/2005	Robert E Fuller	IND COM OTH PTY SCC	C.O.O. Downey Regional Medical Center	150.00	150.00	150.00 P 04
Rcpt Dt: 10/05/2005	Daniel Ginzburg	X IND COM OTH PTY SCC	Pres. Fantasea Yachts &Yacht Club	900.00	900.00	900.00 P 04
			SURTOTAL	•		

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period.

>	U	B	1	U	1.	A	L	\$

*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC- Small Contributor Committee

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Monetary (Contributions Received		nts may be rounded whole dollars.	from 01 01 2005		CALIFORNIA 460 FORM 20 / 67	
SEE INSTRUCTION	NS ON REVERSE			through 1-1-1			
NAME OF FILER Supervisor Don	n Knabe Officeholder Account					I.D. Nur	
- Cupervisor Doi	Triabe Officerolder Account			<u> </u>		97051	12
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/05/2005	Julianne Heinsheimer	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Landscape Designer Blue Door Gardens	300.00	30	00.00	550.00 P 04
Rcpt Dt: 10/05/2005	Peter Karras	IND COM OTH PTY SCC	Self Karras Paint Co.	100.00	10	00.00	150.00 P 04
Rcpt Dt: 10/05/2005	Ronald J Piazza	IND COM OTH PTY SCC	Owner McDonalds	300.00	30	00.00	300.00 P 04
Rcpt Dt: 10/05/2005	Ray Smith	IND □ COM □ OTH □ PTY □ SCC	Realtor Ray Smith Realty	100.00	1	00.00	225.00 P 04
Rcpt Dt: 10/06/2005	California Commerce Club, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	10	00.00	1000.00 P 04
			SUBTOTAL	. \$			
Amount red (Include al Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.) ceived this period - unitemized contributions of les				. C	oth) TH- Other TY - Politic	idual ipient Committee ier than PTY or SCC) r cal Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, (Column A, Line	1.) TOTAL \$ _		<u>_</u>	SCC - Smal	l Contributor Committee

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Monetary Contributions Received		Amoun	nts may be rounded whole dollars.	Statement covers period from 01/01/2005		california 460	
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005	:	21 / 67
NAME OF FILER						I.D. Nur	mber
Supervisor Don	n Knabe Officeholder Account					9705°	12
DATE RECEIVE <u>D</u>	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR ÇODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN: 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/06/2005	Jung & Yuen, LLP Attorneys at Law	IND COM OTH PTY		150.00	15	0.00	275.00 P 04
Rcpt Dt: 10/06/2005	LOS AMIGOS COUNTRY CLUB INC.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	00.00	550.00 P 04
Rcpt Dt; 10/06/2005	MALIBU CANYON OFFICE PARTNERS, LLC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	10	00.00	300.00 P 04
Rcpt Dt: 10/06/2005	Moothhart Chrysler	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		900.00	90	00.00	900.00 P 04
Rcpt Dt: 10/06/2005	Wrap Family Services	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		150.00	15	50.00	150.00 P 04
	<u> </u>		SUBTOTAL	\$			
	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _	·	IN		
3. Total mone	eived this period - uniternized contributions of less tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C				P.	TH - Other TY - Politic	·

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Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			its may be rounded whole dollars.	Statement covers period from 07 01 2005		CALIFORNIA 460 FORM 22 / 67	
NAME OF FILER	to on the vertice			<u> </u>		I.D. Nu	mber
Supervisor Dor	n Knabe Officeholder Account					9705 ⁻	12
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 CALENDAR Y (JAN. 1 ~DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/06/2005	James C. Edwards	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	30	00.00	300.00 P 04
Rcpt Dt: 10/06/2005	Susan D. Hollander [ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	V.P. Public Policy Catholic Healthcare West	150.00	150.00		275.00 P 04
Rcpt Dt: 10/06/2005	MELINDA KIMSEY	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Bellflower USD	150.00	15	50.00	150.00 P 04
Rcpt Dt: 10/06/2005	SUNG H. OH	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PROBATION OFFICER COUNTY OF LOS ANGELES	150.00	15	50.00	275.00 P 04
Rcpt Dt: 10/06/2005	RICHARD C. RYDER M.D.	IND COM OTH PTY SCC	RETIRED	300.00	30	00.00	550.00 P 04
			SUBTOTAL	\$	T 15		
1. Amount red (Include all	A Summary peived this period - contributions of \$100 or more Schedule A subtotals.)		\$		IN		
2. Amount red	ceived this period - unitemized contributions of le	ss than \$100	\$			TH- Other	•
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1	l.) TOTAL \$			TY - Polition	Cal Party I Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A Statement covers period

Monetary	Contributions Received	to	whole dollars.	from 07/01/2	2003	FORM	460
SEE INSTRUCTION	NS ON REVERSE			through 12 31 /	2005	23 / 6	57
NAME OF FILER						I.D. Number	
Supervisor Dor	n Knabe Officeholder Account					970512	
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR .	ER ELECTION TO DATE F REQUIRED)
Rcpt Dt: 10/07/2005	ALBRIGHT, YEE & SCHMIT	IND COM OTH PTY SCC		150.00	150	.00	150.00 P 04
Rcpt Dt: 10/07/2005	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG	IND G DEPENDENC X OTH PTY SCC	CE/S. BAY	150.00	150	.00	275.00 P 04
Rept Dt: 10/07/2005	NATIONAL COUNCIL ON ALCOHOLISM AND OTHI	IND ER DRUGOMEP OTH PTY SCC	ENDENCIES/LONG BEACH W	300.00 OMAN TO WOMAN	300	.00	550.00 P 04
Rept Dt: 10/07/2005	Paramount Ready -Mix Concrete, Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		900.00	900).00	900.00 P 0
Rept Dt: 10/07/2005	ANGELITA MEDINA	IND COM OTH PTY SCC	MANAGER L.A. COUNTY	150.00	150	0.00	150.00 P 0
			SUBTOTAL	,\$	3450		
1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)				IND	entributor Code - Individual M - Recipient ((other than	
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$ _			H - Other Y - Political Par	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line	1.) TOTAL \$ _				ributor Committee

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Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to whole dollars.		•	CALIFORNIA 460	
IS ON REVERSE			through 12 31 2005		24 / 67	
Knahe Officeholder Account					I.D. Nı	umber
Triabe Officerolder Account	1				9705	512
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	CALENDAR Y	EAR	PER ELECTION TO DATE (IF REQUIRED)
Dr. Peiman Salimpour	IND COM OTH PTY SCC		300.00	30	0.00	300.00 P 04
ALBERT SENELLA	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ADMINISTRATOR TARZANA TREATMENT CEN	1000.00 TER	100	0.00	1000.00 P 04
Forest Lawn Mortuary . ID:	IND COM OTH PTY		1000.00	100	00.00	1000.00 P 04
Grumpy Old Men : ID:	IND COM OTH PTY		300.00	30	00.00	300.00 P 04
Samuel A Keesal Jr.	IND COM OTH PTY	Attorney Keesal, Young & Logan	300.00	30	00.00	300.00 P 04
		SUBTOTAL	\$		di.	
eived this period - unitemized contributions of less tary contributions received this period.	than \$100	\$		IN CO	D - Indiv OM - Rec (oth TH- Othe TY - Politi	vidual sipient Committee ner than PTY or SCC) ir
	IS ON REVERSE It Knabe Officeholder Account FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Dr. Peiman Salimpour ID: ALBERT SENELLA ID: Grumpy Old Men ID: Samuel A Keesal Jr. ID: Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less tary contributions received this period.	Tontributions Received Is on Reverse It Knabe Officeholder Account FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IS ON REVERSE I Knabe Officeholder Account FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER ID NUMBER) IND CODE OF COMMITTE, ALSO ENTER ID NUMBER) IND COM OTH PTY ID: IND COM IND CO	Through Description Descri	Indicated the second statement covers and state	CALIFORM CALIFORM

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Monetary Contributions Received			to whole dollars.		ers period 2 <u>005</u>	CALIF	FORM 460	
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		25 / 67	
NAME OF FILER	Knaha Officeholder Account					I.D. Nu	mber	
	n Knabe Officeholder Account					9705	12	
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 CALENDAR Y (JAN: 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 10/11/2005	MURRAY COMPANY_	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		600.00	60	0.00	600.00 P 04	
Rcpt Dt: 10/11/2005	Stephen P. Graham, Md, Inc.	□ IND □ COM ☑ OTH □ PTY □ SCC		100.00	10	0.00	100.00 P 04	
Rcpt Dt: 10/11/2005	TMSI	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	15	0.00	150.00 P 04	
Rcpt Dt: 10/11/2005	NORMAN R. ḤAYNIE	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer/Developer Blue Onyx Design & Engineering, Inc.	150.00	15	0.00	400.00 P 04	
Rcpt Dt: 10/11/2005	Benny C Liang		Director Social Services Los Angeles Co.	150.00	15	0.00	150.00 P 04	
			SUBTOTAL	\$				
(Include all 2. Amount red 3. Total mone	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.) ceived this period - unitemized contributions of less stary contributions received this period. 1 and 2. Enter here and on the Summary Page,	ss than \$100	\$ <u>_</u>		O P	oth) ΓΗ - Othei ΓΥ - Politic	idual ipient Committee ier than PTY or SCC) r	
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Amounts may be rounded

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Monetary Contributions Received		to	to whole dollars.		0110112003		FORM 460		
SEE INSTRUCTION	IS ON REVERSE				200	_ 26 / 67			
NAME OF FILER	B ON REVERSE					i.D. Nur	nber		
Supervisor Don	Knabe Officeholder Account					97051	2		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 10/11/2005	Chistopher R. Pook	IND COM OTH PTY SCC	President Chansla Investments, Inc.	300.00	30	00.00	550 <u>.</u> 00 P 04		
Rept Dt: 10/11/2005	Alex Soteras		President Soteras Mortgage	1000.00	1000.00		1000.00		1000.00 P 04
Rcpt Dt: 10/12/2005	Athens Services	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	00.00	425.00 P 04		
Rcpt Dt: 10/12/2005	בעו Lyon Management Group, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00 P 04		
Rcpt Dt: 10/12/2005	Marina Properties LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		600.00	60	00.00	600.00 P 04		
			SUBTOTAL	. \$					
(Include all	ceived this period - contributions of \$100 or more. Schedule A subtotals.)				11				
2. Amount red	ceived this period - unitemized contributions of les	ss than \$100	\$ _			TH - Other			
	stary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) TOTAL \$ _				Contributor Committee		

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Amounts may be rounded

	SCHEDULE A
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Statement covers period

Wolletary Contributions Received		to	to whole dollars.		2005	FORM 40U	
SEE INSTRUCTION	NS ON REVERSE			from: 01 01 5 through 12 31	2005	2	7 / 67
NAME OF FILER						I.D. Num	ber
Supervisor Don	n Knabe Officeholder Account					970512	2
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, EATER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/12/2005	V <u>ia A</u> mador. Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00		300.00 P 04
Rcpt Dt: 10/12/2005	Watson Land Company	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 P 04
Rept Dt: 10/12/2005	Jacob R. Aquilar	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Service Mgr. L. A. Co. DPSS	100.00	100	0.00	100.00 P 04
Rcpt Dt: 10/12/2005	VICTOR M. EPPORT_	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY EPPORT & RICHMAN, LLP	100.00	100	0.00	350.00 P 04
Rcpt Dt: 10/12/2005	GEORGE IGI	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EXECUTIVE DIRECTOR MASADA HOMES	750.00	750	0.00	750.00 P 04
			SUBTOTAL	\$			
Amount red (Include all Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)				OT PT	othe) H- Other Y - Politica	ual ient Committee r than PTY or SCC)
(Add Lines	s 1 and 2. Enter here and on the Summary Page	Column A, Line	1.) TOTAL \$ _		-		

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SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement covers period from 07 01 2005		california 460	
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		28 / 67
NAME OF FILER	- Vanha Official de Assessat			-		I.D. Nu	mber
Supervisor Dor	n Knabe Officeholder Account					9705	12
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED):
Rcpt Dt: 10/12/2005	Allen Korneff	IND COM OTH PTY SCC	CEO Downey Reg. Med, Ctr.	300.00	30	0.00	550.00 P 04
Rcpt Dt: 10/12/2005	Gary A. Morse	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Exec. Director CBMWD	150.00	15	50.00	400.00 P 04
Rcpt Dt: 10/12/2005	Diane Ripley	IND COM OTH PTY SCC	Owner Fundamentals	150.00	15	50.00	150.00 P 04
Rcpt Dt: 10/14/2005	BROWN, WINFIELD & CANZONERI, INC.	IND COM OTH PTY SCC		300.00	30	00.00	300.00 P 04
Rcpt Dt: 10/14/2005	California Municipal Technologies, Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	15	50.00	150.00 P 04
			SUBTOTAL	\$			
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				IN		idual ipient Committee er than PTY or SCC)
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page,				P	ΓΥ - Politic	

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Amounts may be rounded

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Statement covers period

Widnetary Contributions Received		to	to whole dollars.		from 07 01 2005 through 12 31 2005		FORM 460	
SEE INSTRUCTION	IS ON REVERSE			through 12 31	2005	2	9 / 67	
NAME OF FILER						I.D. Num	ber	
Supervisor Don	n Knabe Officeholder Account					970512	2.	
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 10/14/2005	Fairplex	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	30	0.00	550.00 P 04	
Rcpt Dt: 10/14/2005	LYNX REALTY & MANAGEMENT	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		450.00	45	0.00	450.00 P 04	
Rcpt Dt: 10/14/2005	Sheppard Mullin, Attorneys At Law	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		150.00	15	0.00	150.00 P 04	
Rcpt Dt: 10/14/2005	Whittier Rio Hondo Aids Project	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	0.00	675.00 P 04	
Rcpt Dt: 10/14/2005	JANE M. AU.,		RETIRED	100.00	. 10	00.00	100.00 P 04	
	10.		SUBTOTAL	\$		Title (Page 1	
Schedule A	A Summary	·				ontributos /	Codes	
1. Amount red	ceived this period - contributions of \$100 or more Schedule A subtotals.)		\$ _		IN		ual ient Committee	
2. Amount red	ceived this period - unitemized contributions of le	ss than \$100	\$ _			TH-Other	r than PTY or SCC)	
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,					TY - Politica CC - Small (al Party Contributor Committee	

3. Total monetary contributions received this period.

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Monetary (onetary Contributions Received		whole dollars.	Statement covers period from 07 01 2005		CALIFORNIA 460 FORM 30 / 67	
EE INSTRUCTION	IS ON REVERSE			through 12 31	4607		
NAME OF FILER Supervisor Don	Nabe Officeholder Account					1.D. Nui 9705	
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 T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/14/2005	Audrey J. Bombard	X IND □ COM □ OTH □ PTY □ SCC	Executive Secretary Catalina Express	500.00	50	00.00	500.00 P 04
Rcpt Dt: 10/14/2005	George W. Ciampa	IND COM OTH PTY SCC	Retired	300.00	30	00.00	425.00 P 04
Rcpt Dt: 10/14/2005	TIMOTHY ÇOLLINS	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DENTIST COUNTY OF LOS ANGELES	150.00	15	50.00	150.00 P 04
Rcpt Dt: 10/14/2005	R. A. Kolar	IND COM OTH PTY SCC	Director Downty Regional Medical Ctr.	300.00	3	00.00	300.00 P 04
Rcpt Dt: 10/14/2005	Maude Landon	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	1	00.00	100.00 P 04
			SUBTOTAL	\$. 建制		
1. Amount rec	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		11		

2. Amount received this period - unitemized contributions of less than \$100\$

SCC- Small Contributor Committee

OTH-Other PTY - Political Party

Schodule A

. Type or print in ink.

SCHEDULE A

Monetary Contributions Received Amounts may be rounded to whole dollars.		Statement coverage from C1 12 31	005	FORM 460		
NAME OF FILER	NS ON REVERSE					. Number
	n Knabe Officeholder Account					70512
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/14/2005	Mary Lou Schmidt	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman of the Board Downey Regional Medical Ctr.	150.00	150.00	150.00 P 04
Rcpt Dt: 10/15/2005	CREATIVE JEWELERS	IND COM OTH PTY SCC		150.00	150.00	275.00 P 04
Rcpt Dt: 10/15/2005	Pacificare	IND COM OTH PTY SCC		150.00	150.00	275.00 P 04
Rcpt Dt: 10/15/2005	Westmed Ambulance, Inc.	IND COM OTH PTY SCC		1000.00	1000.00) 1000.00 P 04
Rcpt Dt: 10/15/2005	AFAF ASSAD		CHIEF ASSESSOR COUNTY OF LOS ANGELES	300.00	300.00) 425.00 P 04
	_ _ 	1 2 500	SUBTOTAL	\$	7.4-1	
Amount red (Include all Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.) ceived this period - unitemized contributions of less				IND - COM -	butor Codes ndividual Recipient Committee (other than PTY or SCC) Other Political Party
3. Total mone	etary contributions received this period.					Small Contributor Committee

Schedule A Monetary Contributions Received		Type or print in ink. Amounts may be rounded		Statement cove		SCHEDULE A	
vionetary (Contributions Received	to	whole dollars.	from 07 01 3	•		FORNIA 460
SEE INSTRUCTION	NS ON REVERSE	-		through 12 31	2005		32 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					1.D. No 9705	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/15/2005	MARYY. ASSAD	IND COM OTH PTY SCC	ATTORNEY Parker-Stanbury LLP	300.00	30	0.00	300.00 P 04
Rcpt Dt: 10/15/2005	LYLE MACKENZIE	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	JUDGE STATE OF CALIFORNIA	150.00	15	60.00	400.00 P 04
			 		1		

Schedule A 1. Amount rec	Summary eived this period - contributions of \$100 or more.				*Contributor (
	<u> </u>		SUBTOTAL	\$	And the second s	
Rcpt Dt: 10/15/2005	DAVID G PRICE	IND COM OTH PTY SCC	CHAIRMAN AMERICAN GOLF CORPOR	1000.00 ATIO-	1000.00	1000.00 P 04
Rcpt Dt: 10/15/2005	Elena Nechaeva , (3 (U):	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager RYBN Medical Services	450.00	450.00	450.00 P 04
Rcpt Dt: 10/15/2005	Consuelo Martinez Whittier ID:	IND COM OTH PTY SCC	Retired	150.00	150.00	400.00 P 04
	טו:	☐ PTY☐ SCC	STATE OF CALIFORNIA			

(Include all Schedule A subtotals.) 2. Amount received this period - unitemized contributions of less than \$100\$

OTH-Other

PTY - Political Party

SCC - Small Contributor Committee

(other than PTY or SCC)

3. Total monetary contributions received this period. **COM - Recipient Committee**

Schedule /	A.		e or print in ink.				SCHEDULE A
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement co			FORNIA 460
				from 07 01		F	ORM TOO
SEE INSTRUCTION	IS ON REVERSE			through 12 31	2005		33 / 67
NAME OF FILER						I.D. Nu	ımber
Supervisor Dor	n Knabe Officeholder Account					9705	12
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/15/2005	Michive Takahashi	X IND COM □ OTH □ PTY	Admin Support Takahashi Assoc.	150.00	15	0.00	275.00 P 04
	ID:	□ scc					
Rcpt Dt: 10/17/2005	Invest West Financial Corporation e	☐ IND☐ COM☐ ☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	1000.00 P 04
Rcpt Dt: 10/17/2005	OLSON URBAN HOUSING, LLC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		600.00	60	0.00	600.00 P 04
Rcpt Dt: 10/17/2005	Pacifica Hotel Company	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	00.00	1000.00 P 04
Rcpt Dt: 10/17/2005	Popa Inc. PAC	☐ IND ☐ COM		300.00	30	00.00	300.00 P 04

SUBTOTAL \$

Schedule A Summary

31000 7555

☐ PTY ☑ SCC

- 2. Amount received this period unitemized contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A

•	tary Contributions Received to whole dollars. Statement to whole dollars. Statement to whole dollars.		s.		CALIFORNIA 460 FORM 34 / 67		
NAME OF FILER	IS ON REVERSE					I.D. Nu	mber
	Knabe Officeholder Account					9705	
DATE REÇEIVED	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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED).
Rcpt Dt: 10/17/2005	DAVID I FENDER ID:		CAPTAIN LA COUNTY SHERIFF	300.00	. 30	00.00	300.00 P 04
Rcpt Dt: 10/17/2005	Patricia B Kent	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Relation Officer Community Family Guidance Center	150.00	150.00		150.00 P 04
Rcpt Dt: 10/17/2005	Patricia A Younis	X IND □ COM □ OTH □ PTY □ SCC	Consultant The Bridge Group	200.00	20	00.00	200.00 P 04
Rept Dt: 10/18/2005	Calmet Services. Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	30	00.00 .	550.00 P 04
Rcpt Dt: 10/18/2005	Los Angeles County Firefighters Local 1014 PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		600.00	60	00.00	600.00 P 04
			SUBTOTAL	\$			
(Include all 2. Amount rec 3. Total mone	eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less tary contributions received this period. 1 and 2. Enter here and on the Summary Page. Co	than \$100	\$ _		1 C O P	oth) TH- Othe) TY - Politi	idual ipient Committee ner than PTY or SCC) r

Type or print in ink.
Amounts may be rounded

SCH		

Monetary Contributions Received			whole dollars.	from 07 01 2	•	california 460	
SEE INSTRUCTION	IS ON REVERSE			through 12 31	2005		35 / 67
NAME OF FILER						I.D. Nur	nber
Supervisor Don	Knabe Officeholder Account					97051	2
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTORCODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/18/2005	Los Angeles County Lifeguard Association	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00 P 04
Rcpt Dt: 10/18/2005	PCAM, L.L.C.	IND COM OTH PTY		300.00	30	0.00	300.00 P 04
Rcpt Dt: 10/18/2005	JAMES GRAY	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	10	00.00	100.00 P 04
Rcpt Dt: 10/18/2005	Robert A. Virtue	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Virco Mfg. Corp.	300.00	30	00.00	550.00 P 04
Rcpt Dt: 10/19/2005	California Association Of Professional Employees ! ID: 761351	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		900.00	90	00.00	900.00 P 04
	<u> </u>		SUBTOTAL	\$		122	
(Include all	ceived this period - contributions of \$100 or more. Schedule A subtotals.)				IN		
3. Total mone	eived this period - unitemized contributions of less stary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co				P.	TH - Other TY - Politic	•

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

	SCHEDULE A
period	CALIFORNIA AGO

Statement covers period from 07 01 200 5	CALIFORNIA 460
through 12 31 2005	36 / 67
	I.D. Number

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Supervisor Don Knabe Officeholder Account

					9700	
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)
Rept Dt: 10/19/2005	G C Services	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		450.00	450.00	450.00 P 04
Rcpt Dt: 10/19/2005	The Newhall Land And Farming Co	IND COM OTH PTY		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 10/19/2005	James L. Andersen	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	R. E. Developer Legacy Partners	150.00	150.00	275.00 P 04
Rcpt Dt: 10/19/2005	Dan S. Palmer Jr	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Palmer Investments, Inc.	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 10/19/2005	John M. Santry	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	R. E. Developer Legacy Partners	150.00	150.00	275.00 P 04
			SUBTOTAL	<u> </u>		12.10

Schedule A Sur	nmary
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- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period.

*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			e or print in ink.	SCHEDULE A				
			its may be rounded whole dollars.	Statement covers period from 07 01 2005		california 460 form		
SEE INSTRUCTION	NS ON REVERSE			through 12/31	2005		37 / 67	
NAME OF FILER						I.D. N	umber	
Supervisor Dor	Nabe Officeholder Account					970	512	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEG	EAR	PER ELECTION TO DATE (IF REQUIRED)	

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: 10/20/2005	1736 Family Crisis Center	IND COM OTH PTY SCC		750.00	750.00	750.00 P 04
Rcpt Dt: 10/20/2005	Bertrum M Cedillos .	IND COM OTH PTY SCC	President First California Corp.	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 10/20/2005	JESUS I. RODRIGUEZ	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	JUDGE L.A SUPERIOR COURT	150.00	150.00	150.00 P 04
Rcpt Dt: 10/22/2005	Law Offices Of Baker,Oring & Inferrera, LLP	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	150.00 P 04
Rept Dt: 10/24/2005	ADLER PUBLIC AFFAIRS	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		150.00	150.00	400.00 P 04

SUBTOTAL \$

Schedule	A Su	ımmary
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1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) 2. Amount received this period - unitemized contributions of less than \$100\$

3. Total monetary contributions received this period.

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to whole dollars.		from 01 01 2		CALIFORNIA 460			
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		38 / 67		
NAME OF FILER				<u> </u>		I.D. Nu	mber		
Supervisor Don	n Knabe Officeholder Account		_			9705	12		
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 (IK SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 10/24/2005	Lewis Investment Company, LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00		1000.00 P 04
Rcpt Dt: 10/24/2005	Pardee Homes เ เ	IND COM OTH PTY SCC		1000.00	1000.00		1000.00		1000.00 P 04
Rcpt Dt: 10/24/2005	Standard Pacific Of Bakersfield	IND COM OTH PTY SCC		1000.00	1000.00		1000.00 P 04		
Rcpt Dt: 10/24/2005	TEJON RANCH	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	00.00	1000.00 P 04		
Rcpt Dt: 10/24/2005	TELECARE CORPORATION ID:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	5	00.00	750.00 P 04		
			SUBTOTAL	\$					
(Include all 2. Amount red 3. Total mone	ceived this period - contributions of \$100 or more. Schedule A subtotals.) ceived this period - unitemized contributions of less stary contributions received this period.	than \$100	\$ <u>_</u>		IN C	oth) TH- Other TY - Politic	idual ipient Committee er than PTY or SCC)		
(/ NAG EILIES	1 and 2. Enter here and on the Summary Page, Co	Juliu A, Lille	1.)IDIAL \$ _						

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SCHEDULE A

Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA 460 FORM 39 / 67			
SEE INSTRUCTIONS	S ON REVERSE			through 12/31	7007		39 / 6/		
NAME OF FILER	V-sha Official alder Associat		•			I.D. Nu	ımber		
Supervisor Don	Knabe Officeholder Account					9705	12		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 10/24/2005	Pearl Bonanni	IND COM OTH PTY SCC	Financial Consultant Morgan Stanley	300.00	30	0.00	300.00 P 04		
Rept Dt: 10/24/2005	Terri E. Nishimura	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Therapist Pediatric Therapy Network	100.00	100.00		100.00		200.00 P 04
Rcpt Dt: 10/27/2005	A D J G. Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00 P 04		
Rcpt Dt: 10/27/2005	AMERICAN GOLF CORPORATION	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		750.00	75	50.00	750.00 P 04		
Rcpt Dt: 10/27/2005	ANCHOR INVESTMENTS	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	·	250.00	29	50.00	250.00 P 04		
			SUBTOTAL	\$					
(Include all 2. Amount rec 3. Total mone)	eived this period - contributions of \$100 or more Schedule A subtotals.) eived this period - unitemized contributions of letery contributions received this period.	ss than \$100	\$ _		O P	otl) TH - Othe TY - Polit	vidual cipient Committee her than PTY or SCC)		

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		SC	HE	UU	LE	А
(1) (M) (M)	(C) (D) (E)	(C-500)	298			

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cove	-	CALIF	ORNIA 460	
•			·		2005	FORM TOO		
SEE INSTRUCTION	IS ON REVERSE			through 12 31 3	2005		40 / 67	
NAME OF FILER						I.D. Nur	mber	
Supervisor Don	Nabe Officeholder Account					97051	12	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 10/27/2005	Bergman & Dacv, Incorporated	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		600.00	60	00.00	600.00 P 04	
Rcpt Dt: 10/27/2005	CLINE & DUPLISSEA	IND COM X OTH PTY SCC		150.00	15	50.00	150.00 P 04	
Rcpt Dt: 10/27/2005	Continental Development Corporation	IND COM IND OTH PTY SCC		1000.00	100	00.00	1000.00 P 04	
Rept Dt: 10/27/2005	DAVID TURCH AND ASSOCIATES	IND COM SOTH PTY SCC		249.00	24	19.00	498.00 P 04	
Rcpt Dt: 10/27/2005	DIAMOND PLAZA, LLC	IND COM OTH PTY SCC		600.00	6	00.00	600.00 P 04	
	·	,	SUBTOTAL	.\$		11:11		
1. Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$ _		11			
2. Amount red	ceived this period - unitemized contributions of less	s than \$100	\$ _			TH - Other	•	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0	Column A, Line	1.) TOTAL \$ _			TY - Politic CC- Smal	cal Party I Contributor Committee	

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Type or print in ink.

SCI		

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 07 01 2005		CALIFORNIA 460 FORM 41/67			
SEE INSTRUCTION	IS ON REVERSE	_		through 12 31		I.D. Nun			
NAME OF FILER Supervisor Don	n Knabe Officeholder Account					97051			
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 10/27/2005	Emergency Physicians Medical Associates of Long Be	☐ IND act☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00		300.00 P 04		
Rcpt Dt: 10/27/2005	Fields & Israel LLP المالية المالية	IND COM OTH PTY SCC		150.00	150.00		150.00		150.00 P 04
Rcpt Dt: 10/27/2005	Inco Company	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		150.00	15	50.00	150.00 P 04		
Rcpt Dt: 10/27/2005	Interactive Software Products Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	00.00	300.00 P 04		
Rcpt Dt: 10/27/2005	Klosterman Consulting	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		150.00	18	50.00	150.00 P 04		
			SUBTOTAL	\$	2.2				
(Include all	seived this period - contributions of \$100 or more. Schedule A subtotals.)				C				
3. Total mone	eived this period - unitemized contributions of less than tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col				P	TY - Politic	al Party Contributor Committee		

Schedule A

Type or print in ink. Amounts may be rounded

C	\cap F	n	11	1

Monetary	Contributions Received		its may be rounded whole dollars.	Statement covers period from 01012005		california 460			
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		42 / 67		
NAME OF FILER		_				I.D. Nu	mber		
Supervisor Dor	n Knabe Officeholder Account		_			9705	12		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 10/27/2005	La County Fil-Am Employees Assoc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		450.00	450.00		450.00 P 04		
Rcpt Dt: 10/27/2005	MICHAEL SCHNEIDER & COMPANY	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00		150.00		150.00 P 04
Rcpt Dt: 10/27/2005	PBMS Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00 P 04		
Rcpt Dt: 10/27/2005	Robert Goebel, M. D., Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	15	50.00	150.00 P 04		
Rcpt Dt: 10/27/2005	SANTA FE MEDICAL OFFICE	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	30	00.00	300.00 P 04		
			SUBTOTAL	. \$					
1. Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)		\$ _		11				
2. Amount red	ceived this period - unitemized contributions of le	ss than \$100	\$ _			TH - Other	•		
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) TOTAL \$ _			TY - Polition CC- Smal	cal Party I Contributor Committee		

Schedule A

Type or print in ink.
Amounts may be rounded

	SCH	łΕ	DUI	_E	Α
CALIFORNIA	A _/		6		0.00

Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			its may be rounded whole dollars.	Statement covers period from 07 01 2005		CALIFORNIA 460 FORM 43 / 67			
NAME OF FILER						I.D. Nu	mber ⁻		
Supervisor Don	Knabe Officeholder Account					9705°	12		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 10/27/2005	SCHULER & BROWN	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 P 04		
Rept Dt: 10/27/2005	Shan K. Thever Professional Corporation	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00		300.00		300.00 P 04
Rept Dt: 10/27/2005	Songlin International Corporation	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		750.00	750.00		750.00 P 04		
Rcpt Dt: 10/27/2005	Southern Building Maintenance, Inc. (☐ IND☐ COM☐ OTH☐ PTY☐ SCC		300.00	30	00.00	675.00 P 04		
Rcpt Dt: 10/27/2005	The Grand L L L L L L L L L L L L L	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		150.00	18	50.00	150.00 P 04		
			SUBTOTAL	\$	2000年		"性"隐		
(Include all	ceived this period - contributions of \$100 or more. Schedule A subtotals.)		•		41				
	ceived this period - unitemized contributions of les	ss than \$100	\$ _			TH - Other TY - Politic			
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) TOTAL \$ _				I Contributor Committee		

Schedule A Monetary Contributions Received		Typ Amour	e or print in ink. nts may be rounded	Statement cove	are period		SCHEDULE A		
		to	to whole dollars.		005	FORM 460			
SEE INSTRUCTION	NS ON REVERSE			through 12 31	2005		44 / 67		
NAME OF FILER			_			I.D. Nu	mber		
Supervisor Dor	n Knabe Officeholder Account	•				9705	12		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 10/27/2005	Marianne A Andersen , ID:	X IND COM OTH PTY SCC	Homemaker	300.00	300.00		300.00		300.00 P 04
Rept Dt: 10/27/2005	Cynthia D Banks	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community & Senior Svcs Los Angeles Co.	150.00	150.00		150.00 P 04		
Rept Dt: 10/27/2005	Rita J. Bingaman	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	150.00	150.00		150.00 P 04		
Rept Dt: 10/27/2005	Judy L. Bush	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Judy L. Bush	300.00	300.00		300.00 P 04		
Rcpt Dt: 10/27/2005	Kirk O Cartozian	X IND COM OTH PTY SCC	Council Member City of Downey	150.00	15	50.00	150.00 P 04		

SUBTOTAL \$

Schedule A Summary	
Amount received this period - contributions of \$100 or more.	
(Include all Schedule A subtotals.)	

2. Amount received this period - unitemized contributions of less than \$100\$

3. Total monetary contributions received this period. *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.		Statement cover	2005	schedule a california 460 form			
SEE INSTRUCTION	NS ON REVERSE			through 12 31	30 02		45 / 67		
NAME OF FILER Supervisor Dor	Nabe Officeholder Account					I.D. Nu 9705			
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)		CUMULATIVE TO DATE CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/27/2005	Elizabeth M Gadbois	X IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00		100.00 P 04		
Rcpt Dt: 10/27/2005	Richard W Greene		Real Estate Mgr Home Depot	300.00	300.00		300.00 P 04		
Rcpt Dt: 10/27/2005	HERRERT K. HATANAKA	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER SPECIAL SERVICES GROUP	150.00	150.00		150.00 P 04		
Rept Dt: 10/27/2005	MARTHA J. HOUSE	X IND COM OTH PTY SCC	Retired	150.00	150	0.00	150.00 P 04		
Rcpt Dt: 10/27/2005	Sangeeta Kaul	IND □ COM	Homemaker	150.00	150	0.00	150.00 P 04		

SUBTOTAL \$	THE RESIDENCE OF THE PARTY OF T
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Sangeeta Kaul

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)

COM OTH PTY □ scc

- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC- Small Contributor Committee

Schedule Monetary	Contributions Received	Amour	e or print in ink. nts may be rounded whole dollars.	Statement cov	2005		SCHEDULE A FORNIA 460 ORM 46 / 67
NAME OF FILER Supervisor Dor	Knabe Officeholder Account					1.D. No 9705	
DATE RECEĮVED	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 CALENDAR YI -(JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/27/2005	Byoung Soo Kim	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President PBMS Inc.	500.00	50	0.00	500.00 P 04
Rept Dt: 10/27/2005	Carol W. Kwan	IND COM OTH PTY SCC	Owner Engineering Ventures for the Environment	200.00	20	0.00	400.00 P 04
Rept Dt: 10/27/2005	ROBERT G. MCCAMAN	X IND □ COM □ OTH □ PTY □ SCC	RETIRED	150.00	15	0.00	150.00 P 04
Rcpt Dt: 10/27/2005	Belen D Perdon ,	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher	150.00	15	60.00	150.00 P 04
Rcpt Dt: 10/27/2005	Ali_Soliman (Architect Solimam & Associates	300.00	30	00.00	300.00 P 04

SUBTOTAL \$

Schedule A Summary

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)

 Subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

	SCHEDULE A
AL IEODNIA	100

Monetary Contributions Received		Amour	nts may be rounded whole dollars.	Statement covers period from 07 01 2005 through 12 31 2005		CALIFORNIA 460 FORM 47 / 67	
SEE INSTRUCTION	NS ON REVERSE	•		through 12131	2083		·
NAME OF FILER Supervisor Don	n Knabe Officeholder Account	-				1.D. Num 97051:	
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 CALENDAR Y (JAN. 1 ~DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/27/2005	Ray A Verches	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Verches & Associates	300.00	30	0.00	300.00 P 04
Rcpt Dt: 10/27/2005	Henry K. Yee	X IND □ COM □ OTH □ PTY □ SCC	Supervisor L. A. Co. Public Works	300.00	30	0.00	300.00 P 04
Rcpt Dt: 10/28/2005	Brenda G Mendoza	X IND □ COM □ OTH □ PTY □ SCC	Staff Assistant LA Co Dept of Comm &Senior Svcs	150.00	15	0.00	150.00 P 04
Rcpt Dt: 10/29/2005	Jennifer B Anaya		Retired	150.00	15	0.00	150.00 P 04
Rcpt Dt: 10/29/2005	John S Burns	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director OCC Med First	300.00	30	00.00	300.00 P 04
	· · · · · · · · · · · · · · · · · · ·		SUBTOTAL	\$			
Schedule A 1. Amount rec (Include all	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _		IN		
	ceived this period - unitemized contributions of lesetary contributions received this period.	ss than \$100	\$		P1	ΓH - Other ΓΥ - Politica	

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

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Monetary (Contributions Received	to	whole dollars.	from 07 01	•	CALIF FO	ORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through 12/31	2005		48 / 67
NAME OF FILER						I.D. Nur	mber
Supervisor Dor	n Knabe Officeholder Account					97051	12
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 AF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/29/2005	Diane Dewalsche	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COO Community Hospital of L.B.	150.00	15	0.00	275.00 P 04
Rcpt Dt: 10/29/2005	RAYMOND M. JANKOWSKI	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO COMMUNITY HOSPITAL OF LONG BEACH	150.00	15	50.00	275.00 P 04
Rcpt Dt: 10/29/2005	BETTY KELLER C	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REALTOR REMAX REALTY	150.00	15	50.00	275.00 P 04
Rcpt Dt: 10/29/2005	NANCY MYERS . ID:		OWNER THE LOCK SHOP	150.00	15	50.00	275.00 P 04
Rcpt Dt: 10/29/2005	HELEN C. NAJAR	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF-EMPLOYED HCN/C	200.00	20	00.00	325.00 P 04
			SUBTOTAL	\$	And the second s		
1. Amount red	A Summary ceived this period - contributions of \$100 or more Schedule A subtotals.)		\$_		IN		
	ceived this period - unitemized contributions of le	ess than \$100	\$ _		, P.	TH - Other TY - Politic	•
	1 and 2. Enter here and on the Summary Page,	, Column A, Line	1.) TOTAL \$ _				C Form 460 (II INE (01)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE /
Statement covers period	CALIFORNIA 160
from 07 01 2005	FORM 400
through 12 31 2005	49 / 67

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

I.D. Number 970512

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: 10/29/2005	SUZANNE NOSWORTHY	□ IND □ COM □ OTH □ PTY □ SCC	HOMEMAKER	150.00	150.00	275.00 P 04
Rcpt Dt: 10/29/2005	Mike Patel	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Davina Corp	150.00	150.00	275.00 P 04
Rcpt Dt: 10/29/2005	JOSEPH TAY	X IND COM OTH PTY SCC	Health Care Consulting J. T. Consulting Co.	150.00	150.00	275.00 P 04
Rcpt Dt: 10/29/2005	Stephanie A Traeger	X IND COM OTH PTY SCC	Banker Union Bank	150.00	150.00	150.00 P 04
Rcpt Dt: 10/30/2005	American Medical Response (Iu:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00 P 04
			SUBTOTAL	\$		

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1.	Amount received this period - contributions of \$100 or more.
	(Include all Schedule A subtotals.)
	,
2.	Amount received this period - unitemized contributions of less than \$100

 *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule	Α	
Monetary	Contributions	Received

Type or print in ink.
Amounts may be rounded

_	SCHEDULE A
Statement covers period	CALIFORNIA 460
from 07/01/2005	FORM 400
through 12 31 2005	50 / 67

Monetary (Contributions Received		whole dollars.	from 07 01 2	-	CALIFO FOR	RNIA 460
SEE INSTRUCTION	IS ON REVERSE			through 12 31		50) / 67
NAME OF FILER	-		_			I.D. Numb	er
Supervisor Don	Nabe Officeholder Account					970512	
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 CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/30/2005	PAUL C BLANCO	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	HEALTH DEPARTMENT LOS ANGELES COUNTY	150.00	150	.00	400.00 P 04
Rcpt Dt: 10/30/2005	Thomas W_Cooper	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Engr. T. W. Cooper Inc.	150.00	150	.00	150.00 P 04
Rcpt Dt: 10/30/2005	Charles A Druten Jr.	X IND COM OTH PTY SCC	Director E. A. S.	150.00	150	0.00	150.00 P 04
Rcpt Dt: 10/30/2005	Stephen E Gordon	X IND COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150	0.00	150.00 P 04
Rept Dt: 10/30/2005	RANDAL HERNANDEZ	X IND COM OTH PTY SCC	BANK OF AMERICA	150.00	150	0.00	150.00 P 04
			SUBTOTAL	.\$			
Schedule A 1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more Schedule A subtotals.)		\$ _		IND	•	
2. Amount red	ceived this period - unitemized contributions of lea	ss than \$100	\$_			H - Other ✓ - Political	,
3. Total mone (Add Lines	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) TOTAL \$ _		sc.	C-Small C	ontributor Committee

Schedule A

Type or print in ink.

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Monetary	Contributions Received		nts may be rounded whole dollars.	from 01/01/2005		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 12/31	2005		51 / 67
NAME OF FILER	Washa Official alder Assessed			<u> </u>		I.D. Nu	mber
Supervisor Dor	n Knabe Officeholder Account			·	· · · · · · · · · · · · · · · · · · ·	9705	12
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 CALENDAR Y (JAN. 1 - DEC	(EAR TO DATE (IF REQUIRED)	
Rcpt Dt: 10/30/2005	Kathy L Hughes_	IND COM OTH PTY SCC	V. P. ChildNet	150.00	150.00		150.00 P 04
Rept Dt: 10/30/2005	Henry J Meyer	IND □ COM □ OTH □ PTY □ SCC	Retired	150.00	150.00		150.00 P 04
Rept Dt: 10/30/2005	Richard A Neill	IND □ COM □ OTH □ PTY □ SCC	Chairman	150.00	150.00		150.00 P 04
Rept Dt: 10/30/2005	Norm Ryan	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	30	00.00	425.00 P 04
Rept Dt: 10/30/2005	Lori Solorzano	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	150.00	15	50.00	150.00 P 04
			SUBTOTAL	.\$			
1. Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)		\$ <u>_</u>		IN		
2. Amount red	ceived this period - unitemized contributions of le	ss than \$100	\$ _	· · · · · · · · · · · · · · · · · · ·		TH-Othe	r
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) TOTAL \$ _	· 		TY - Politi CC - Smal	cal Party Il Contributor Committee

Schedule	Α .	
Monetary	Contributions	Received

Type or print in ink.
Amounts may be rounded

	SCHEDULE A
Statement covers period	CALIFORNIA 160
07/01/2005	FORM 400
, (

SEE INSTRUCTIONS ON REVERSE		to	from Of through _		from 07 01 2005 through 12 31 2005		FORM 27 0 U	
NAME OF FILER						I.D. Num	ber	
Supervisor Don	n Knabe Officeholder Account					97051	2	
DATÉ 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		TO DATE (IF REQUIRED)	
Rcpt Dt: 10/30/2005	Marsha Youde	IND COM OTH PTY SCC	Retired	1000.00	100	0.00	1000.00 P 04	
Rcpt Dt: 11/07/2005	Paramount Pictures Group	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00 P 04	
Rept Dt: 11/07/2005	GLEN A HOLDEN (X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	15	50.00	150.00 P 04	
Rcpt Dt: 11/07/2005	Joseph Lombardi	IND COM OTH PTY SCC	Associate Oxbow Carbon & Minerals	150.00		50.00	150.00 P 04	
Rept Dt: 11/07/2005	DONALD L. WESTERLAND , ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PRESIDENT/CEO LBCMC FOUNDATION	150.00	15	50.00	275.00 P 04	
			SUBTOTAL	. \$				
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.) ceived this period - unitemized contributions of le			•		othe) TH- Other	dual bient Committee er than PTY or SCC)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page,					TY - Politic CC- Small	al Party 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 4 07/01/2005 **FORM** 53 / 67

through 12/31/2005 SEE INSTRUCTIONS ON REVERSE I.D. Number NAME OF FILER Supervisor Don Knabe Officeholder Account 970512 **CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER AMOUNT **FULL NAME, MAILING ADDRESS** CONTRIBUTOR DATE CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER RECEIVED THIS AND ZIP CODE OF CONTRIBUTOR CODE * RECEIVED (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD -(JAN, 1 - DEC, 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) 1000.00 P 04 1000.00 1000.00 Rcpt Dt: 11/10/2005 IND Los Angeles County Physican's Committee COM OTH PTY ⊠ scc ID: 744123 500.00 P 04 Rcpt Dt: 11/12/2005 IND Real Estate Management 500.00 500.00 Philip A Homme COM OTH Homme & Co. PTY SCC IU: 150.00 P 04 150.00 Rcpt Dt: 11/12/2005 IND Retired 150.00 Leslie W Robbins COM OTH PTY □ scc IU: **⊠** IND 300.00 P 04 300.00 300.00 Rcpt Dt: 11/21/2005 Homemaker Sandra J Ausman COM □ отн \square PTY \square scc 300.00 P 04 300.00 300.00 Rcpt Dt: 11/22/2005 Japanese American Republicans COM **⊠** отн □ PTY \square scc **SUBTOTAL \$ Schedule A Summary** *Contributor Codes 1. Amount received this period - contributions of \$100 or more. IND - Individual

- (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period.

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule	Α	
Monetary	Contributions	Received

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

SCF	IEL	UL	=
 		California	

Statement covers period	CALIFORNIA 460
from 07/01/2005	FORM 400
through 12 31 2005	54 / 67
	I.D. Number

970512

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

ID:

IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** PER ELECTION **FULL NAME, MAILING ADDRESS** CONTRIBUTOR DATE OCCUPATION AND EMPLOYER **RECEIVED THIS** CALENDAR YEAR TO DATE AND ZIP CODE OF CONTRIBUTOR RECEIVED _ CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IF REQUIRED) **PERIOD** -4JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 150.00 P 04 Rcpt Dt: 12/08/2005 150.00 150.00 Northrop Grumman Systems Corporation Сом **⊠** OTH i.....y ID: PTY □ scc X IND 250.00 P 04 Rcpt Dt: 12/08/2005 Owner 250.00 250.00 Thomas F Clark □ сом

Clark Development Co

□ отн

☐ PTY☐ SCC

	SUBTOTAL \$	90324.00		声声 医医皮皮皮性
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$,	*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$			(other than PTY or SCC) OTH- Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$			PTY - Political Party SCC - Small Contributor Committee