

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing 5/28/2008	Date Stamp 2008 07 25 05 2	CALIFORNIA FORM 497 For Official Use Only Campaign Finance Disclosure Section
AREA CODE/PHONE NUMBER (323) 298-0816	I.D. NUMBER (if applicable) 1301987	Report No. 080528		
STREET ADDRESS 5471 S HILLCREST DR		<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90043	No. of Pages 2	

Page 1 of 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/27/2008	Ronald F. Clark	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occupation: General Manager Employer: Printco Graphics	\$1,000.00
5/27/2008	Davita Total Renal Care, Inc.	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

***Contributor Codes**

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

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LOS ANGELES COUNTY

LATE CONTRIBUTION REPORT

NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing 5/27/2008	Date Stamp MAY 28 PM 2:37	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 298-0816	I.D. NUMBER (if applicable) 1301987	Report No. 080527	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS 5471 S HILLCREST DR		<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90043		No. of Pages 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/26/2008	David S. Cunningham, III	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occupation: Partner Employer: Kelly Lytton & Vann	\$1,000.00
5/28/2008	Umer Iqbal	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occupation: Manager Employer: Calzyme Co.	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing <u>5/27/2008</u>	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 298-0818	I.D. NUMBER (if applicable) 1301987	Report No. <u>080527</u>		
STREET ADDRESS 5471 S HILLCREST DR		<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90043	No. of Pages <u>2</u>	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Late Contribution Report

Type or print in ink.
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NAME OF FILER
Ridley-Thomas for Supervisor

AREA CODE/PHONE NUMBER (213) 605-5282

I.D. NUMBER (if applicable) 1301987

STREET ADDRESS
5471 S Hillcrest Dr

CITY Los Angeles

STATE CA

ZIP CODE 90043

Date of This Filing 05/24/2008

Report No. LCR-80523

Amendment to Report No. _____
(explain below)

No. of Pages 2

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Campaign Finance Disclosure Section
1 / 2

LATE CONTRIBUTION REPORT
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/23/2008 	Mr. Samir Sriyastaya ID: _____ Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer ABS Properties, Inc.	1000.00
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment: _____

MAY 24 2008 3:16PM JUD YARRBROUGH, CPA 323-299-0803 p. 2

CA-1333369/1014

PRIMARY 4th FILING ORIGINAL

Late Contribution Report

Print in Ink.
Rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
Ridley-Thomas for Supervisor

AREA CODE/PHONE NUMBER (213) 605-5282	I.D. NUMBER (if applicable) 1301987
STREET ADDRESS 5471 S Hillcrest Dr	
CITY Los Angeles	STATE CA
	ZIP CODE 90043

Date of Filing 05/19/2008

Report No. LCR-80518

Amendment to Report No. _____
(explain below)

No. of Pages 2

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5/19/08
2008 MAY 21 AM 9:5
fax
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1/2

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/18/2008	Mr. Lashon Earnest ID: _____ Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Hayward	1000.00
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment: _____

May 19 2008 7:42PM
IDR YARBROUGH, CPA
323-299-0803
P.2