

Late Contribution Report

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

Received by
Los Angeles County

LATE CONTRIBUTION REPORT

NAME OF FILER
Ridley-Thomas for Supervisor

Date of This Filing 05/29/2008

Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

Report No. LCR-80528

2008 MAY 31 AM 10

For Official Use Only

(213) 605-5282

1301987

Amendment to Report No. _____
(explain below)

Campaign Finance Disclosure Section

STREET ADDRESS

5471 S Hillcrest Dr

No. of Pages 3

1/3

CITY

STATE

ZIP CODE

Los Angeles

CA

90043

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
05/28/2008 	Bingham California Government Relations Group ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/28/2008 	Mrs. Rose Boone ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1000.00
05/28/2008 	Mr. Michael Eng ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislator CA State Assembly	1000.00

***Contributor Codes**

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment: _____

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NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing _____	2 / 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1301987	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____	ZIP CODE _____		No. of Pages _____

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)
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	3 / 3	
CITY	STATE ZIP CODE	No. of Pages _____		

Late Contribution(s) Received

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05/28/2008 	Mr. Frank Quevedo 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	Executive So Cal Edison Company	1000.00

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LATE CONTRIBUTION REPORT

NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing 05/28/2008	Date Stamp MAY 27 AM 9:11:6	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. 080528-2	Campaign Finance Disclosure Section Page 1 of 7	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 080528 (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90043		

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
05/27/2008	Attina Company dba Tequila Jack's Restaurant & Cantina	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
05/27/2008	CCB Consulting Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
05/27/2008	Ronald F. Clark	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Printco Graphics	\$1,000.00

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NAME OF FILER
RIDLEY-THOMAS FOR SUPERVISOR

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1301987

STREET ADDRESS _____

CITY LOS ANGELES STATE CA ZIP CODE 90043

Date of This Filing 05/28/2008

Report No. 080528-2

Amendment to Report No. _____
(explain below)

No. of Pages 7

2008 MAY 27 AM 9:47

Campaign Finance Disclosure Section

Page 2 of 7

CALIFORNIA FORM 497

For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/27/2008	Davita Total Renal Care, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
05/27/2008	R. John Fletcher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Venture Capital	\$1,000.00
05/27/2008	Gilead Sciences, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00

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2008 Fy 2008-09 LATE CONTRIBUTION REPORT

NAME OF FILER RIDLEY-TIOMAS FOR SUPERVISOR		Date of This Filing 05/28/2008	Date Stamp Los Angeles Co Campaign Finance Disclosure Section 2008 MAY 29 AM 9:47 Page 3 of 7 Campaign Finance Disclosure Section	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. 080528-2		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90043	No. of Pages 7	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/27/2008	Steven Jay Ipsen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prosecutor LA D.A. Office	\$1,000.00
05/27/2008	Ray Martinez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor LA Playa Market Inc.	\$1,000.00
05/27/2008	Everil L. Nelson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Assistant County of LA	\$1,000.00

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LATE CONTRIBUTION REPORT

NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing 05/28/2008	LOS ANGELES COUNTY Date Stamp MAY 29 AM 9:47 Page 4 of 7 Campaign Finance Disclosure Section	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. 080523-2		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90043		
		No. of Pages 7		

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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
05/27/2008	William Ramirez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Coordinator SB Latino Chamber of Commerce	\$1,000.00
05/27/2008	Robert K. Ross	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO California Endowment	\$1,000.00
05/27/2008	Alexander Sandoval	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager T-Mobile	\$1,000.00

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. 080528-2		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)		Campaign Finance Disclosure Section Page 5 of 7
CITY LOS ANGELES	STATE CA	ZIP CODE 90043	No. of Pages 7	

Late Contribution(s) Received

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05/27/2008	Kevin W. Smith	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer LAPD	\$1,000.00
05/27/2008	Sun & Pinetree Acupuncture Clinic Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
05/27/2008	Juan G. Vega	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBO LA Sinaloense	\$1,000.00

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Page 6 of 7
Campaign Finance
Disclosure Section

LATE CONTRIBUTION REPORT

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NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing 05/28/2008
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. 080528-2
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. (explain below)
CITY LOS ANGELES	STATE CA	ZIP CODE 90043
		No. of Pages 7

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05/27/2008	Michael F. Eng	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislator CA State Assembly	\$1,000.00
05/27/2008	Brenda J. Drake	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Public Health Trust	\$1,000.00
05/27/2008	Richard S. Paz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Richard S. Paz	\$1,000.00

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RIDLEY-THOMAS FOR SUPERVISOR

Date of This Filing 05/28/2008

CALIFORNIA FORM **497**

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)
1301987

Report No. 080528-2

2008 MAY 29 AM 9:47

For Official Use Only

STREET ADDRESS:

Amendment to Report No. _____
(explain below)

Page 7 of 7
Campaign Finance Disclosure Section

CITY
LOS ANGELES

STATE ZIP CODE
CA 90043

No. of Pages 7

Late Contribution(s) Made

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

Reason for Amendment: Amended to include additional contributions received.

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NAME OF FILER RIDLEY-THOMAS FOR SUPERVISOR		Date of This Filing 5/28/2008	Date Stamp 2008 MAY 28 PM 2:23	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 298-0816	I.D. NUMBER (if applicable) 1301987	Report No. 080528	Campaign Finance Disclosure Section Page 1 of 2	
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
5/27/2008	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 checked="" type="checkbox"/> IND <input 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		

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Reason for Amendment:

MAY 28 2008 10:30AM IDA YARBROUGH, CPA 323-299-0803

Late Contribution Report

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RECEIVED BY
LOS ANGELES COUNTY
Date Stamp

LATE CONTRIBUTION REPORT

NAME OF FILER
RIDLEY-THOMAS FOR SUPERVISOR

Date of This Filing 5/27/2008 7:08

MAY 28 PM 2:37

CALIFORNIA FORM **497**

AREA CODE/PHONE NUMBER
(323) 298-0816

I.D. NUMBER (if applicable)
1301987

Report No. 080527

For Official Use Only

STREET ADDRESS
5471 S HILLCREST DR

Amendment to Report No. 000
(explain below)

CAMPAIGN FINANCE DISCLOSURE SECTION

CITY
LOS ANGELES

STATE CA ZIP CODE 90043

No. of Pages 2

Page 1 of 2

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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
5/26/2008	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:

CA-1339277/1066

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LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas for Supervisor			Date of This Filing 05/31/2008	Date Stamp 2008 JUN 2 AM 10 Campaign Finance Disclosure Section 1/6	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 605-5282	I.D. NUMBER (if applicable) 1301987		Report No. LCR-80530		
STREET ADDRESS 5471 S Hillcrest Dr			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90043	No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/30/2008 	Mrs. Julanne Angelides ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Homemaker	1000.00
05/30/2008 	Apollo Group, Inc. & its Affiliated Entities ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/30/2008 	Brookhurst Town Center, LLC / Cal-Vest Realty ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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		No. of Pages _____	2 / 6

2008 JUN - 2 AM 10:59

Campaign Finance Disclosure Section

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	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
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05/30/2008 	CA Society of Dermatology & Dermatologic Surgery ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/30/2008 	Mrs. Sydney Chang ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Homemaker	1000.00
05/30/2008 	Interior Design Coalition of California ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. _____		
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05/30/2008 	Dr. Debra Judelson M.D. ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Debra Judelson	1000.00
05/30/2008 	Mr. Herbert Needman ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Temple Community Hospital	1000.00
05/30/2008 	Pfizer Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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2008 JUN 2 AM 11:00
Campaign Finance Disclosure Section
5/6

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
05/30/2008 	Ms. Angeles Reddock ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Carroll Burdick	1000.00
05/30/2008 	Rumsey Indian Rancheria ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/30/2008 	Smalltime Ventures Inc. ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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

Reason for Amendment: _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing _____	Received by Los Angeles County Date Stamp 2008 JUN 22 AM 11:03 Campaign Finance Disclosure Section
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1301987	Report No. _____	For Official Use Only 497
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages _____
CITY _____	STATE _____	ZIP CODE _____	6/6

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/30/2008 	Mr. Angelo Tsakopoulos ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman AKP Development	1000.00
05/30/2008 	Warner Bros. Entertainment Inc ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/30/2008 	Rev. Leslie R. White 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	Pastor AME Church	1000.00

***Contributor Codes**

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

Reason for Amendment: _____