

Late Contribution Report

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

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LCR

LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing <u>11/04/2008</u>	Date Stamp 2008 NOV -5 AM 9:27 Filed 11/04/08 CAMPAIGN FINANCE DISCLOSURE SECTION	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. <u>LCR-81103</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>5</u>	1 / 5

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
11/03/2008 	Mr. Robert Abernethy ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chair American Standard Development	1000.00
11/03/2008 	Albright, Yee & Schmit, LLP ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
11/03/2008 	Charles Blake ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pastor West Angeles Church	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: _____

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NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing _____	RECEIVED BY COUNTY 2008 NOV -5 AM 9:27 CAMPAIGN FINANCE DISCLOSURE SECTION 2/5	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		

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: _____

Nov 04 2008 7:44PM

IDR YARBROUGH, CPA

323-299-0803

P.3

Late Contribution Report

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NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing _____	RECEIVED BY DATE STAMP LOUISIANA COUNTY 7008 NOV -5 AM 9:27 CAMPAIGN FINANCE DISCLOSURE SECTION 3/5	LATE CONTRIBUTION REPORT 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		

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
11/03/2008 	Mr. Brian Boudreau ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Malibu Valley Farms	1000.00
11/03/2008 	Mr. Curtis Jenkins ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director CurtisCARE Child Dev. Programs	1000.00
11/03/2008 	Mr. Guy Leemhuis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Guy A. Leemhuis, J.D.	1000.00

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Reason for Amendment _____

Nov 04 2008 7:44PM
 IDA YARBROUGH, CPA
 323-299-0803
 p. 4

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LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing _____	 4/5	
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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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
11/03/2008 	Ms. Alesia Magee ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Self - Alesia Magee	1000.00
11/03/2008 	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
11/03/2008 	UFCW Region 8 States Council Political Education Fund ID: 910874	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000.00

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