

497 Contribution Report

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

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LOS ANGELES COUNTY
Date Stamp
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CAMPAIGN FINANCE
DISCLOSURE SECTION

497 CONTRIBUTION REPORT

NAME OF FILER Committee To Re-elect D.A. Steve Cooley		Date of This Filing 5-27-08	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 818-563-3458	I.D. NUMBER (if applicable) 1293554	Report No. 4	
STREET ADDRESS 444 Riverside Drive, #204		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Burbank	STATE CA	ZIP CODE 91505	No. of Pages 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5-27-08	Rabadi Management Co.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$1,000.00	<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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Los Angeles County

497 CONTRIBUTION REPORT

NAME OF FILER Committee To Re-elect D.A. Steve Cooley		Date of This Filing 5-24-08	Date Stamp 2008 MAY 27 AM 10:20	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 818-563-3458	I.D. NUMBER (if applicable) 1293554	Report No. 3	Campaign Finance Disclosure Section	
STREET ADDRESS 4444 Riverside Drive, #204		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Burbank	STATE CA	ZIP CODE 91505	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5-24-08	S.C.W.S., Inc. Mark VII West	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$1,000.00	<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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Los Angeles County 497 CONTRIBUTION REPORT

NAME OF FILER Committee to Re-elect D.A. Steve Cooley		Date of This Filing 5-23-08	Date Stamp 2008 MAY 27 AM 10 Campaign Finance Disclosure Section	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 818-563-3458	I.D. NUMBER (if applicable) 1293554	Report No. 2		
STREET ADDRESS 4444 Riverside Drive, #204		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Burbank	STATE CA	ZIP CODE 91505	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5-23-08	American Corrective Counseling Services, 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	<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Committee To Re-elect D.A. Steve Cooley		Date of This Filing 5-22-08	Date Stamp 2008 MAY 23 AM 8:2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 818-563-3458	I.D. NUMBER (if applicable) 1293554	Report No. 1	Campaign Finance Disclosure Section	
STREET ADDRESS 4444 Riverside Drive, #204		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Burbank	STATE CA	ZIP CODE 91505		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5-22-08	JP Tech Insurance Services, 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	<input type="checkbox"/> Check if Loan _____% Provide interest rate
5-22-08	Ms. Reyna Civitate	<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"/> Check if Loan _____% Provide interest rate
5-22-08	Luis Pacheco, M.D.	<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"/> Check if Loan _____% Provide interest rate

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