

# 497 Contribution Report

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

RECEIVED BY LCOJ 0012  
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 11/06/2012	Date Stamp 2012 NOV -6 PM 2:30	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 110612AT	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## 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
11/05/2012	Dawn Hobbs	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary  SBR, Inc.	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
11/05/2012	Richard A. Roderick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Sales  Locton Cos.	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

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Date of This Filing 11/03/2012

Report No. 110312

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

NOV -5 AM 9:17

CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **497**

For Official Use Only

## 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
11/02/2012	Lisa Kassabian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/2012	Law Offices of James W. Spartus	<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
11/02/2012	Debbie Sassoon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>11/03/2012</u>	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2012 NOV -5 AM 9:17 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>110312AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
11/02/2012	Debbie Sassoon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/2012	Christina Valaskantjis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Christina K. Valaskantjis	500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/2012	Christina Valaskantjis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Christina K. Valaskantjis	1,500.00  <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

# 497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>11/02/2012</u>	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2012 NOV -5 AM 9: 20 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>110212AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
10/30/2012	California Real Estate Political Action Committee (#890106)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/01/2012	California Real Estate Political Action Committee (#890106)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/01/2012	Michael Armand Hammer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

**497 Contribution Report**

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>11/02/2012</u>	Date Stamp NOV -5 AM 9:20	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>110212AJ</u>	CAMPAIGN FINANCE DISCLOSURE SECTION	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> <u>2</u>	

**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
11/01/2012	Jon Moldafsky	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Middle Market Operating Partners Inc.	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/01/2012	Russell E. White	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  N/A	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

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

# 497 Contribution Report

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

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>11/01/2012</u>	RECEIVED ANGELES CALIFORNIA <b>497</b> For Official Use Only 2012 NOV -2 AM 8:23 CAMPAIGN FINANCE DISCLOSURE SECTION
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>110112AJ</u>	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/31/2012	Asdghik Bedrosian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  JB Britches, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/31/2012	Asdghik Bedrosian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  JB Britches, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/31/2012	Christine M. Brown	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher  BDSYM	1,500.00  <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

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 11/01/2012 2012 NOV -2	<b>Date Stamp</b> AM 8:23	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 110112AJ	CAMPAIGN FINANCE DISCLOSURE SECTION	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
10/31/2012	John M. Chaves	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist  John M. Chaves, D.D.S., Inc.	500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/31/2012	John M. Chaves	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist  John M. Chaves, D.D.S., Inc.	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/31/2012	Len Fisch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real estate  Fisch Properties	1,000.00  <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

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 11/01/2012	Date Stamp 2012 NOV -2 AM 8:23	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 110112AJ	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 4
CITY	STATE	ZIP CODE		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2012	W. Lawson Martin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor  Travers Realty	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/31/2012	Frank M. Melkonian	<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
10/31/2012	Samir J. Patel	<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

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

# 497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 11/01/2012	<b>Date Stamp</b> 2012 NOV -2 AM 8:23 110112AJ	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 110112AJ		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.:</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 4	

CAMPAIGN FINANCE DISCLOSURE SECTION

## 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
10/31/2012	Nanaz M. Pirnia	<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
10/31/2012	Kenneth P. White	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Brown, White & Newhouse	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

\*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

Reason for Amendment: \_\_\_\_\_

01 Nov 2012 19:05 HP Fax

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 10/31/2012	RECEIVED BY Date Stamp <b>LOS ANGELES COUNTY</b> 2012 NOV -1 AM 8:16 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 1031122		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 8		

## 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
10/30/2012	Carroll, Kelly, Trotter, Franzen & McKenna	<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
10/30/2012	Joseph Conzonire	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Burke Eiteljorg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Spring Mill Coal, LLC	1,500.00 <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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

RECEIVED BY 497 CONTRIBUTION REPORT  
 LOS ANGELES CALIFORNIA  
 2012 NOV - 1 AM 8: For Official Use Only  
 CAMPAIGN FINANCE  
 DISCLOSURE SECTION  
**497**

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/31/2012
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 103112AJ
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY	STATE	ZIP CODE
		No. of Pages 8

## 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
10/30/2012	Howard Groff	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Northwest Excavating Inc.	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Susan Groff	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Hawaiian Gardens Casino	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/31/2012</u>	RECEIVED BY Data Stamp <b>LOS ANGELES COUNTY</b> 2012 NOV -1 AM 8:18 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>103112A7</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> <u>8</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/30/2012	Kenneth Kessler	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker  Sander A. Kessler & Associates, Inc.	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/30/2012	Stephen Layton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oil Exploration  E&B Natural Resources	500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/30/2012	Stephen Layton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oil Exploration  E&B Natural Resources	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

**497 Contribution Report**

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

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/31/2012	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 103112012	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION
CITY	STATE ZIP CODE		

**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
10/30/2012	Paula Meehan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Paula Meehan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Bryan A. Merryman	<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

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/31/2012</u>	RECEIVED BY Date Stamp <b>LOS ANGELES COUN</b> 2012 NOV -1 AM 8: 18 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>103112AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
10/30/2012	Lynn Mutch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist  Lynn Mutch, D.D.S.	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Prospectors Federal Credit Union	<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
10/30/2012	Lorraine D. Reaume	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2012 NOV -1 AM 8  
CALIFORNIA FORM 497  
For Official Use Only  
CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF FILER  
Alan Jackson for District Attorney 2012

AREA CODE/PHONE NUMBER \_\_\_\_\_ I.D. NUMBER (if applicable)  
1334164

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Date of This Filing 10/31/2012

Report No. 103112AJ

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 8

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/30/2012	David Rosenblum	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Consultant Deloitte Consulting LLP	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Lenny Sands	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Capital Brands	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Lenny Sands	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Capital Brands	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY: 497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/31/2012	LOS ANGELES COUNTY Date Stamp 2012 NOV -1 AM 8: 8 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 103112AJ		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 8	

## 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
10/30/2012	Ruth Anne Sharp	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Thomas Simms	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurater Simms Restaurant	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Thomas Simms	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurater Simms Restaurant	1,500.00 <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

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 10/31/2012	RECEIVED LOS ANGELES COUNTY 2012 NOV -1 AM 8:18 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 103112AJ		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 8	

## 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
10/30/2012	Konrad Sonnenfeld	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Deluxe Entertainment Services Group	500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Konrad Sonnenfeld	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Deluxe Entertainment Services Group	500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2012	Tom Von Der Ahe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development  VDA Property Company	1,500.00  <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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/30/2012</u>	RECEIVED BY LOS ANGELES COUNTY 2012 OCT 31 AM 8:00 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>LD. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>103012AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> <u>6</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/29/2012	Diane Botsch	<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
10/29/2012	Jose Bunge	<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
10/29/2012	CH2M Hill, 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

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

# 497 Contribution Report

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

RECEIVED 497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/30/2012</u>	Date Stamp LOS ANGELES CALIFORNIA 2012 OCT 31 AM 8:05 CAMPAIGN DISCLOSURE SECTION	<b>497</b> For Official Use Only AM 8:05
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>103012AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> <u>6</u>	

## 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
10/29/2012	Theodore A. Chester Jr.	<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
10/29/2012	Harry H. Nadjarian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Power Supply  IMP Corporation	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/29/2012	Clive A. Fell	<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

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/30/2012	Date Stamp 2012 OCT 31 AM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 103012AJ	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 6	

## 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
10/29/2012	Melodie C. Santana	<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
10/29/2012	Robert A. Schwartz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Robert A. Schwartz Attorney At Law	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/29/2012	Issac Shepher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

**497 Contribution Report**

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

RECEIVED BY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 10/30/2012	RECEIVED BY LOS ANGELES COUNTY 2012 OCT 31 AM 8:06 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>LD. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 103012AJ		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 6		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET 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
10/29/2012	Issac Shepher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/29/2012	Mirian Shepher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/29/2012	Mirian Shepher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/30/2012	RECEIVED BY 100 ANGELES COUNTY 2012 OCT 31 AM 8:00 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 103012A7	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages 6	

## 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
10/29/2012	Ronald M. Varing	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner  I Copy Inc.	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/29/2012	Tracy Von Vechery	<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
10/29/2012	Eric P. Wickland	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Designer  Urban Arts, Inc.	1,000.00  <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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/30/2012	Date Stamp 2012 OCT 31 AM 8 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 103012AJ		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 6	

## 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
10/29/2012	Lisa Wilson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student  N/A	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

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/29/2012</u>	RECEIVED BY LOS ANGELES CO 2012 OCT 30 AM 8:20 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (# applicable)</b> 1334164	<b>Report No.</b> <u>102912AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>	
		<b>No. of Pages</b> <u>3</u>		

## 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
10/28/2012	Neil M. Miller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Shangri-La Entertainment	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/28/2012	Doyle Rose	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing  Agile Media Partners LLC	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

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/29/2012</u>	RECEIVED LOS ANGELES 2012 OCT 30 AM 8:20 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>102912AJ</u>	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
		<b>No. of Pages</b> <u>3</u>	

## 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
10/26/2012	Richard E. Nahigian	<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
10/26/2012	Greg Stannard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy  Los Angeles Unified School District	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/26/2012	Philip A. Swan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Private Lender  Thorofare Capital, Inc.	1,500.00  <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

page 1

29 Oct 2012 17:55 HP Fax

# 497 Contribution Report

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

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 10/29/2012	RECEIVED BY LOS ANGELES CO 2012 OCT 30 AM 8:20 CAMPAIGN FINANCE DISCLOSURE SECTION	497 CONTRIBUTION REPORT CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 102912AJ		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
10/26/2012	Kevin Yorn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Morris Yorn	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/27/2012	John Sang Lee	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Soho Fashion	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/27/2012	Richard J. Welch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Bingham McCutthen	1,000.00  <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

page 2

29 Oct 2012 17:55 HP Fax

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES  
Date Stamp  
2012 OCT 29 AM 8:15  
CALIFORNIA FORM 497  
For Official Use Only  
CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/27/2012
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 102712AJ
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY	STATE	ZIP CODE
		No. of Pages 3

## 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
10/26/2012	Accredited Surety and Casualty Co, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/26/2012	Accredited Surety and Casualty Co, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/26/2012	Stephen Bing	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer  Stephen Bing	1,500.00  <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

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/27/2012	Date Stamp 2012 OCT 29 AM 8:13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1334164	Report No. 102712AJ	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/26/2012	Carl P. Dene	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advertising Vision Design Studio	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/26/2012	Law Offices of Dabbah & Haddad	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/26/2012	Law Offices of Dabbah & Haddad	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/27/2012</u>	<b>Date Stamp</b> 2012 OCT 29 AM 8:13	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>102712AJ</u>	CAMPAIGN FINANCE DISCLOSURE SECTION	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
10/26/2012	Susan Schaffer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banking Vice President  Union Bank	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/26/2012	Vincent K. Vaghar	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Shangri-La	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/26/2012	Andrew Wahab	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  Shangri- LA	1,500.00  <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

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 10/26/2012	RECEIVED LOS ANGELES COUNTY OCT 29 AM 8:15 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>ID. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 10261221		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 4		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/25/2012	Californians for Better Jobs & Education Committee (#1350133)	<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"/> Check if Loan  _____% Provide interest rate
10/25/2012	Anthony A. Danz	<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
10/25/2012	Rodary Goldberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner  Dadson Washer Service Inc.	1,000.00  <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

page 1  
26 Oct 2012 17:56 HP Fax

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/26/2012	2012 OCT 29 AM 8:15 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 102612AJ		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 4	

## 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
10/25/2012	Briana J. Knabe	<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
10/25/2012	David M. Perez	<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
10/25/2012	Timothy D. Reuben	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Reuben Raucker & Blum	1,000.00 <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

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/26/2012	Date Stamp 2012 OCT 29 AM 8:10 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 102612AJ		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 4	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/25/2012	Titan Outdoor LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	Adam Venit	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	Trina Venit	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <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

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/26/2012	Date Stamp 2012 OCT 29 AM 8:16	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 102612AJ	CAMPAIN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 4		

## 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
10/25/2012	Alexander Winnick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Rosoff, Schiffres & Brata	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

# 497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Alan Jackson for District Attorney 2012

**AREA CODE/PHONE NUMBER** \_\_\_\_\_ **I.D. NUMBER (if applicable)**  
1334164

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Date of This Filing** 10/25/2012

**Report No.** 102512AJ

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 3

LOS ANGELES COUNTY  
2012 OCT 26 AM 8:12  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **497**  
For Official Use Only

## 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
10/24/2012	Chinese Theatre LLC	<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
10/24/2012	Jarvis Krieger & Sullivan	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/24/2012	Jarvis Krieger & Sullivan	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY 497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/25/2012</u>	LOS ANGELES CA 2012 OCT 26 AM 8:12 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>102512AJ</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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
10/24/2012	Ronald Plotkin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor  Ronald Plotkin	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/24/2012	Ari Ryan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/24/2012	David R. Shraga	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Kawahito & Wesrick LLP	1,000.00  <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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/25/2012</u>	Date Stamp  <b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>102512AJ</u>	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> <u>3</u>

## 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
10/24/2012	Phelps M. Wood	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufacturer  Tektest	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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

RECEIVED BY 497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/24/2012	RECEIVED BY 2012 OCT 25 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 102412AJ	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages 2	

## 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
10/23/2012	Brian Campbell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker  BC Urban	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/23/2012	Stephen G. Larson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Arent Fox LLP	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/23/2012	Gila Milstein	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate  Hager Pacific	1,000.00  <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

page 1

24 Oct 2012 15:44 HP Fax

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
497 CONTRIBUTION REPORT

NAME OF FILER Alan Jackson for District Attorney 2012		Date of This Filing 10/24/2012	Date Stamp 2012 OCT 25 AM	CALIFORNIA FORM 497 For Official Use Only CAMPAIGN FINANCE DISCLOSURE SECTION
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1334164	Report No. 102412AJ		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 2	

## 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
10/23/2012	Harold Tennen	<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
		<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

\*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

Reason for Amendment: \_\_\_\_\_

page 2  
Oct 2012 15:44 HP Fax

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER  
Alan Jackson for District Attorney 2012

AREA CODE/PHONE NUMBER \_\_\_\_\_ I.D. NUMBER (if applicable)  
1334164

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Date of This Filing 10/23/2012

Report No. 102312AJ

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 4

2012 OCT 24 AM 8:03

CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **497**

For Official Use Only

## 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
10/22/2012	Sami H. Dabbas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/22/2012	Stanley Friedman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Stanley L. Friedman Attorney at law	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/22/2012	H.T. Haralambos	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COU  
Date Stamp  
2012 OCT 24 AM 8:04  
CALIFORNIA FORM 497  
For Official Use Only  
CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF FILER  
Alan Jackson for District Attorney 2012

AREA CODE/PHONE NUMBER \_\_\_\_\_ I.D. NUMBER (if applicable)  
1334164

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Date of This Filing 10/23/2012

Report No. 102312AJ

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 4

## 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
10/22/2012	Sally Haralambos	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/22/2012	Huan Lu	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management BYD Business Development	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/22/2012	MCW Fuels, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> 10/23/2012	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2012 OCT 24 AM 8:04 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> 102312AJ		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/22/2012	Peter M. Menard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Sheppard Mullin et all	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/22/2012	Theresa Menard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/22/2012	Leanne Raub	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Alan Jackson for District Attorney 2012		<b>Date of This Filing</b> <u>10/23/2012</u>	Date Stamp 2012 OCT 24 AM 8:01 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1334164	<b>Report No.</b> <u>102312A7</u>		
<b>STREET ADDRESS</b>				
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
<b>No. of Pages</b> <u>4</u>				

## 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
10/22/2012	Michael L. Turrill	<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
10/22/2012	Janet M. Watt	<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
		<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

\*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

Reason for Amendment: \_\_\_\_\_