

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  5 / 7
ID Number <b>990212</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Supervisor Don Knabe Attorney Fees Fund

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/23/2003	G C Services [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 P 04
Rcpt Dt: 10/23/2003	American Airports Corporation [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 10/10/2003	Rose Hills Co [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 10/23/2003	The Bridge Group [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 P 04
Rcpt Dt: 10/10/2003	Forest Lawn Mortuary [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 P 04

**SUBTOTAL \$**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	5275.00
2. Amount received this period - unitemized contributions of less than \$100	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1)	<b>TOTAL \$</b>	5275.00

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

**Schedule A  
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA 460</b> <b>FORM</b> 6 / 7
I D Number 990212	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Supervisor Don Knabe Attorney Fees Fund

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/23/2003	Judy Bush [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Judy L Bush	250.00	250.00	250.00 P 04
Rcpt Dt: 10/11/2003	Louis Weider [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	500.00 P 04
Rcpt Dt: 10/23/2003	EMERGENCY AMBULANCE SERVICE, INC [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 P 04
Rcpt Dt: 10/20/2003	John Maclairin [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager  Urbatec	250.00	250.00	250.00 P 04
Rcpt Dt: 10/10/2003	The Newhall Land And Farming Co [REDACTED] ID: [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 04

**SUBTOTAL \$ 5275.00**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Line 1.) ... **TOTAL \$** \_\_\_\_\_

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