

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Yes On Measure U: To Save Our Sheriff, Parks And Schools		Date of This Filing 10/08/2008	Date Stamp 2008 OCT -2 PM 4:04	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	L.D. NUMBER (if applicable) 1312239	Report No.	Campaign Finance Disclosure Section	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 2	
CITY	STATE	ZIP CODE		

Late 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
10/08/2008	Jerry Epstein	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Jerry B. Epstein Mgmt Co	1250.00 <input type="checkbox"/> Check if Loan
10/08/2008	Jones Day	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00 <input type="checkbox"/> Check if Loan
10/08/2008	David Levine	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Jerry B Epstein Management	1250.00 <input type="checkbox"/> Check if Loan

*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: _____

10/09/2008 15:51 8182600557
 DURKEE & ASSOCIATES
 PAGE 01/02

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>1312239</u>	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>2</u>	

Late Contribution(s) Received

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10/08/2008	Spears	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.00 <input type="checkbox"/> Check if Loan
		<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
		<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

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Reason for Amendment: _____

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LATE CONTRIBUTION REPORT

NAME OF FILER Yes On Measure U: To Save Our Sheriffs, Parks And Libraries		Date of This Filing <u>10/20/2008</u>	RECEIVED BY Date Stamp LOS ANGELES COUNTY 2008 OCT 21 AM 11:03 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1312239	Report No. <u>003</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/20/2008 	Majestic Realty Co ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment _____

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RECEIVED BY
LOS ANGELES COUNTY
2008 OCT 21 AM 11:04
CAMPAIGN FINANCE
DISCLOSURE SECTION

LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
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NAME OF FILER
Yes On Measure U: To Save Our Sheriffs, Parks And Libraries

AREA CODE/PHONE NUMBER _____ ID. NUMBER (if applicable)
1312239

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages 2/2

Late Contribution(s) Made

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

Reason for Amendment: _____

10/21/2008 10:38 8182600657
DURKEE & ASSOCIATES
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