Schedule A		Тур	e or print in ink. Its may be rounded		<u> </u>		SCHEDULE A
Monetary (Contributions Received		whole dollars.	Statement covers period		GALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			5/67
NAME OF FILER Supervisor Don	Knabe Officeholder Account					I.D. Nu 9705	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/21/2004	M. Brassard	X IND □ COM □ OTH □ PTY □ SCC	Owner Carpets For You	125.00	125.00 250.00		125.00 P 04
Rept Dt: 09/21/2004	C. GEORGE DEUKMEJIAN	X IND □ COM □ OTH □ PTY □ SCC	RETIRED	250.00			250.00 P 04
Rept Dt: 09/21/2004	PHILIP H. HICKOK	IND COM OTH PTY SCC	JUDGE STATE OF CALIFORNIA	125.00	12	5.00	125.00 P 04
Rept Dt: 09/21/2004	RUSSELL F LESSER	IND COM OTH PTY SCC	BUSINESS EXECUTIVE BODY GLOVE	250.00	25	0.00	250.00 P 04
Rept Dt: 09/21/2004	ELWOOD LUI	X IND COM OTH PTY SCC	JONES, DAY, REAVIS & POGUE	250.00	25	0.00	250.00 F
			SUBTOTAL	\$			

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$

2. Amount received this period - unitemized contributions of less than \$100 \$

3. 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

Type or print in ink.

SC		

Monetary (Contributions Received		to whole dollars. Statement cov		ers period	california 460	
SEE INSTRUCTION	NS ON REVERSE			through			6 / 67
NAME OF FILER			,			I.D. Nu	mber
Supervisor Don	n Knabe Officeholder Account		*			97051	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/21/2004	LYLE MACKENZIE ID:	IND. COM OTH PTY SCC	JUDGE STATE OF CALIFORNIA	250.00	25	50.00	250.00 P 04
Rept Dt: 09/21/2004	Consuelo Martinez	IND COM OTH PTY SCC	Retired	250.00	25	0.00	250.00 P 04
Rept Dt: 09/21/2004	MAS NAGAMI	IND COM OTH PTY SCC	CONSULTANT MN ASSOCIATES	250.00	25	60.00	250.00 P 04
Rcpt Dt: 09/21/2004	ANGELINE L. PAPADAKIS	IND COM OTH PTY SCC	WRITER/SPEAKER ANGELINE PAPADAKIS	125.00	12	25.00	125.00 P 04
Rept Dt: 09/21/2004	CARMEN PEREZ	X IND COM OTH PTY SCC	HOSPITAL ADMINISTRATOR	125.00	12	25.00	125.00 F
		· .	SUBTOTAL	3			
Amount rec (Include all Amount rec	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less the		\$ <u></u>		IN CO P	othe) TH- Other TY - Politica	dual plent Committee er than PTY or SCC) al Party
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	lumn A. Line 1.) TOTAL \$		S	CC - Small	Contributor Committee

Type or print in ink.

SCHEDULE A

Monetary (Contributions Received		o whole dollars.	Statement cov	ers period		ORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through		-	7 / 67		
NAME OF FILER Supervisor Don	Knabe Officeholder Account					I.D. Nun 97051			
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 CALENDAR YE (JAN. 1 - DEC.)	DATE	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 09/21/2004	Chistopher Pook	IND COM OTH PTY SCC	President Chansin investments, inc.	250.00	250	0.00	250.00 P 04		
Rcpt Dt: 09/21/2004	TED SHORT	X IND COM OTH PTY SCC	OWNER TED SHORT & ASSOCIATES	250.00	250.00 500.00		250.00		250.00 P 04
Rept Dt: 09/21/2004	Apartment Association Of Greater Los Angeles ID: 811-735	IND COM OTH PTY SCC		500.00			500.00 P 04		
Rept Dt: 09/21/2004	LOS AMIGOS COUNTRY CLUB INC.	IND COM OTH PTY SCC		250.00	250	0.00	250.00 P 04		
Rept Dt: 09/21/2004	MALIBU CANYON OFFICE PARTNERS, LLC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		200.00	200	0.00	200.00 F		
			SUBTOTAL	· ·					
(Include all 2. Amount rece 3. Total monet	eived this period - contributions of \$100 or more.	than \$100			OTI PT	other H - Other 1⁄ - Politica	ual ient Committee r than PTY or SCC)		

Type or print in ink.

SCH	FDι	IJЕ	Α

Monetary (Monetary Contributions Received		its may be rounded whole dollars.	Statement covers period CA			CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through		8 / 6	7	
NAME OF FILER Supervisor Don	Knabe Officeholder Account					I.D. Number 970512		
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 CALENDAR YEA (JAN. 1 - DEC. 3	DATE P	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 09/21/2004	Richard G. Reinjohn, A Professional Corp.	IND COM OTH PTY SCC		125.00	125	.00	125.00 P 04	
Rept Dt: 09/23/2004	RUTH CARYL BLAIR	IND COM OTH PTY SCC	RETIRED	100.00	100	.00	100.00 P 04	
Rept Dt: 09/23/2004	Mary Buell	IND COM OTH PTY SCC	Owner Robert Buell Equipment	125.00	125	.00	125.00 P 04	
Rept Dt: 09/23/2004	QUINCY J. CROCHET	IND COM OTH PTY SCC	RETIRED .	125.00	125	.00	125.00 P 04	
Rcpt Dt: 09/23/2004	Daniel Ginzburg	IND COM OTH PTY SCC	Owner Fantasea Yachts	500.00	500	.00	500.00 F	
			SUBTOTAL	\$				
	eived this period - contributions of \$100 or more.		\$ _		IND	ntributor Code - Individual M - Reciplent (other tha		
2. Amount rec	eived this period - uniternized contributions of less	s than \$100	\$ <u>_</u>			f - Other - Political Pa		
	tary contributions received this period.	Column A Line 1) TOTAL \$				ributor Committee	

	Schedule A Monetary Contributions Received		Amour	pe or print in ink. nts may be rounded o whole dollars.	s may be rounded			schedule california 460		
SEE INSTRUCTIO	NS ON REVERSE				through			9/67		
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account	· -					I.D. N 9705			
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	O DATE EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 09/23/2004	Evelyn Gutierrez		COM OTH PTY	Retired	250.00	25	60.00	250.00 P 0		
Rcpt Dt: 09/23/2004	Julianne Heinsheimer		IND COM OTH PTY SCC	Landscape Designer Blue Door Gardens	250.00	25	0.00	250.00 P 0		
Rcpt Dt: 09/23/2004	PHILIP A. HOMME		IND COM OTH PTY SCC	Real Estate Management Homme & Co.	125.00	62	25.00	625.00 P 0		
Rept Dt: 09/23/2004	E.T. IBBETSON		IND COM OTH PTY SCC	REAL ESTATE DEVELOPER UNION DEVELOPMENT CO	200.00	20	00.00	200.00 P 0		
Rept Dt: 09/23/2004	Charlie Lyons Jr.		IND COM OTH PTY SCC	Owner Charlie Lyons & Associates	500.00	50	00.00	500.00 F		

SUBTOTAL \$

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A Type or print in ink. **SCHEDULE A** Amounts may be rounded **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** FORM from. 10/67 through_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account 970512 FULL NAME, MAILING ADDRESS IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 09/23/2004 IND DIRECTOR 100.00 100.00 100.00 P 04 JOSEPH N. SMITH COM OTH COUNTY OF LOS ANGELES PTY ĬD: SCC Rcpt Dt: 09/23/2004 X IND Educator 125.00 125.00 125.00 P 04 Noel Stone COM OTH TUSD PTY SCC X Rcpt Dt: 09/23/2004 IND CEO 1000.00 1000.00 1000.00 P 04 SCOTT TAYLOR COM OTH Tarzana Treatment Center-PTY SCC X Rcpt Dt: 09/23/2004 IND Owner 250,00 250.00 250.00 P 04 Brett Willberg COM OTH PTY Union Ice. Co. SCC Rcpt Dt: 09/23/2004 IND 250.00 250.00 F 250.00

	SUBTOTAL \$	
Only delta A Occasional		

COM OTH PTY SCC

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.\$ ____ (Include all Schedule A subtotals.)

2. Amount received this period - unitemized contributions of less than \$100\$

A-Los Angeles Driver Education Center

3. Total monetary contributions received this period. *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A		Тур	e or print in ink.				SCHEDULE		
Monetary (Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period		FORNIA 460		
OFF INICIPALIATIO	NO 011 PT 1770-7			through			11 / 67		
NAME OF FILER	NS ON REVERSE			through					
	n Knabe Officeholder Account					I.D. No			
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 09/23/2004	Moriarity & Associates	IND COM OTH PTY SCC		250.00	25	0.00	250.00 P 04		
Rept Dt: 09/23/2004	Pacificare	IND COM OTH PTY SCC		125.00	125.00		125.00		125.00 P 04
Rcpt Dt: 09/23/2004	RBB ARCHITECTS INC.	IND COM IND OTH IND PTY IND SCC		250.00	25	0.00	250.00 P 04		
Rcpt Dt: 09/23/2004	South Coast Shingle Company, Inc. A-1 Building M	IND COM IND OTH PTY SCC		500.00	50	0.00	500.00 P 0		
Rcpt Dt: 09/23/2004	Whittier Rio Hondo Aids Project	IND COM IX OTH PTY SCC		250.00	37	5.00	375.00 F		
			SUBTOTAL	\$					
(include all	eived this period - contributions of \$100 or more.		\$ <u>_</u>		IN		idual ipient Committee er than PTY or SCC)		
	tary contributions received this period.	uidii \$ 100			PT	Y - Politic			
	1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1.)TOTAL \$ _	<u> </u>		3,,,,,,,			

Schedule A Monetary Contributions Received Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period from ________ CALIFORNIA 460 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Supervisor Don Knabe Officeholder Account

	<u></u>				9705	12
DATÉ 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)
Rept Dt: 09/24/2004	Dr. BETTY ROSENSTEIN	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	RETIRED	125.00	125.00	125.00 P 04
Rept Dt: 09/24/2004	Johnnie Savoy	IND COM OTH PTY SCC	CEO College Bound	125.00	125.00	125.00 P 04
Rept Dt: 09/24/2004	Arciero & Sons, Inc.	IND COM OTH PTY SCC		150.00	150.00	150.00 P 04
Rept Dt: 09/24/2004	Cahill Building Company, Llc Los Angeles CA 90064-1619 ID:	IND COM OTH PTY SCC		250.00	250.00	250.00 P 04
Rept Dt: 09/24/2004	FOREST LAWN MORTUARY	IND COM OTH PTY SCC		1000.00	1000.00	1000.00 P
			SUBTOTAL	\$		

Sch	edule	Δ	Summary
SCII	cuuic	~	Quillillai y

- 1. Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A

Monetary (Monetary Contributions Received		its may be rounded whole dollars.	Statement cove	ers period	california 460 FORM	
SEE INSTRUCTION	NS ON REVERSE			through		13 / 6	7
NAME OF FILER	n Knabe Officeholder Account					I.D. Number	
	Triabo Oniocholadi Accoditi					970512	
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 CALENDAR YE (JAN. 1 - DEC.	AR	R ELECTION TO DATE F REQUIRED)
Rept Dt: 09/27/2004	Lynne Appel	IND COM	Executive Director SCADP	125.00	125	.00	125.00 P 04
	id:	□ scc		<u>.</u>			
Rept Dt: 09/27/2004	Kenneth Dyda	IND COM OTH PTY	Retired	100.00	100	0.00	100.00 P 04
	lu;	□ scc					
Rcpt Dt: 09/27/2004	EUNICE FORESTER-David	IND COM OTH SCC	RETIRED	125.00	125	5.00	125.00 P 04
Rcpt Dt: 09/27/2004	Martin Gibson	X IND COM OTH PTY SCC	Corp. Officer M. Gibson Enterprises	125.00	125	5.00	125.00 P 04
Rept Dt: 09/27/2004	Allen Korneff	IND COM □ OTH	CEO Downey Reg. Med, Ctr.	250.00	250	0.00	250.00 F
	10:	☐ PTY☐ SCC	Downey Reg. Med, Ott.				
		_	SUBTOTAL	\$			
Schedule A	\ Summany				[ia		
1. Amount rec	eived this period - contributions of \$100 or more.		\$ _		INC	ntributor Codes - Individual M - Recipient C	
2. Amount red	eived this period - unitemized contributions of less	than \$100	\$ _			H- Other	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ _			Y - Political Part C - Small Contri	butor Committee

Type or print in ink.

SC			

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through		14/6	67
NAME OF FILER Supervisor Don	n Knabe Officeholder Account					I.D. Number 970512	
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 CALENDAR YE (JAN. 1 - DEC.	DATE PE	R ELECTION TO DATE F REQUIRED)
Rept Dt: 09/27/2004	ROBERT A. LARSEN	X IND COM OTH PTY SCC	S.CA. ALCOHOL & DRUG PROGRAM, INC.	125.00	125	5.00	125.00 P 04
Rept Dt: 09/27/2004	Michiye Takahashi	X IND COM OTH PTY SCC	Admin Support Takahashi Assoc.	125.00	125	5.00	125.00 P 04
Rept Dt: 09/27/2004	Robert Virtue	X IND □ COM □ OTH □ PTY □ SCC	President Virco Mfg. Corp.	250.00	250	0.00	250.00 P 04
Rept Dt: 09/27/2004	DONALD WESTERLAND	X IND □ COM □ OTH □ PTY □ SCC	PRESIDENT/CEO LBCMC FOUNDATION	125.00	129	5.00	125.00 P 04
Rept Dt: 09/27/2004	DAVID TURCH AND ASSOCIATES	IND COM SO OTH PTY SCC		249.00	249	9.00	249.00 🐔
-			SUBTOTAL	\$			
	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$_		INC	entributor Codes - Individual M - Recipient C	ommittee PTY or SCC)
3. Total monet	eived this period - unitemized contributions of less tary contributions received this period.		\$ _		PT	H- Other Y - Political Party	•

Type or print in ink.

Monetary Contributions Received		Amour	nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			15 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					1.D. Nu 9705	
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 CALENDAR Y (JAN. 1 - DEC	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/27/2004	LAND DESIGN CONSULTANTS, INC.	IND COM OTH PTY SCC		250.00	25	0.00	250.00 P 04
Rept Dt: 09/27/2004	Marina Properties Llc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00	500.00 P 04
Rept Dt: 09/27/2004	SHLEMMER INVESTMENTS	IND COM OTH PTY SCC		100.00	,10	0.00	100.00 P 04
Rcpt Dt: 09/27/2004	Universal Care	IND COM OTH PTY SCC		250.00	25	0.00	250.00 P 04
Rcpt Dt: 09/28/2004	SAMUEL D. DEMONTEVERDE	IND COM OTH PTY SCC	PROJECT DIRECTOR LITTLE TOKYO SERVICES CENTER.	125.00	12	5.00	125.00 F
			SUBTOTAL	\$			
(include all	ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$		IN	(oth	dual iplent Committee er than PTY or SCC)
3. Total mone	ceived this period - unitemized contributions of less stary contributions received this period. 1 and 2 Enter here and on the Summary Page. Co		\$	<u> </u>	PI	TH- Other TY - Politic CC- Small	

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period **CÀLIFORNIA** to whole dollars. FORM from_ 16 / 67 through_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account 970512 IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** PER ELECTION FULL NAME, MAILING ADDRESS DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE AND ZIP CODE OF CONTRIBUTOR CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) IND IND Rcpt Dt: 09/28/2004 100.00 P 04 100.00 100.00 Retired Anita Manley COM OTH PTY ☐ scc Rcpt Dt: 09/28/2004 250.00 P 04 Accountant 250.00 250.00 Cynthia Robbins COM OTH L. B. Convention & Busin-PTY ess Bur. SCC ID: 125.00 P 04 Rcpt Dt: 09/28/2004 IND 125.00 125.00 ALBRIGHT, YEE & SCHMIT COM X OTH PTY SCC 250.00 250.00 P 04 Rcpt Dt: 09/28/2004 IND 250.00 Driver Safety Schools, Inc. COM OTH **PTY** SCC X, 125.00 F IND 125.00 125.00 MAYOR Rcpt Dt: 09/29/2004 WALTON DOUGHER COM

OTH PTY

☐ scc

CITY OF MANHATTAN BEACH

SUBTOTAL \$

Schedule	A Sumi	nary
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- 2. Amount received this period unitemized contributions of less than \$100\$

*Contributor Co
IND - Individua

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Scriedule A		Δmoun	its may be rounded			SCHEDULE A		
Monetary C	Contributions Received	to	whole dollars.	Statement cove	ers period	CALIF	ORNIA 460	
				from			RM TOU	
SEE INSTRUCTION	S ON REVERSE			through			17 / 67	
NAME OF FILER	Knabe Officeholder Account					I.D. Nur	nber	
	Khabe Chiceholder Account				·	97051	12	
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 09/29/2004	Norman Gordon	IND COM OTH PTY SCC	Retired	125.00	129	5.00	125.00 P 04	
Rept Dt: 09/29/2004	CLAYTON HOLLOPETER	IND COM OTH PTY SCC	EXECUTIVE DIRECTOR BOYS & GIRLS CLUB - S.G. VALLEY	125.00	129	5.00	125.00 P 04	
Rept Dt: 09/29/2004	BALDO M. KRISTOVICH	IND □ COM □ OTH □ PTY □ SCC	ATTORNEY BALDO M. KRISTOVICH , ESQ.	250.00	250	0.00	250.00 P 04	
Rept Dt: 09/29/2004	Janet Teague	IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	25	0.00	250.00 P 04	
Rept Dt: 09/29/2004	RONALD C. TROUPE	IND □ COM □ OTH □ PTY □ SCC	MANAGER UNISYS CORP.	250.00	25	0.00	250.00 F	
			SUBTOTAL	\$				
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ <u></u>		INI			
3. Total monet	eived this period - unitemized contributions of les ary contributions received this period. 1 and 2. Enter here and on the Summary Page,		\$ <u>—</u>		₽Τ	Y - Politic	al Party Contributor Committee	

Type or print in ink.

SCHEDULE A

Monetary	Monetary Contributions Received		nts may be rounded o whole dollars.		Statement covers period		CALIFORNIA 460	
							18 / 67	
NAME OF FILER	ONS ON REVERSE	·		through				
	n Knabe Officeholder Account					1.D. Nur 97051		
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 CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 09/29/2004	ALAN ULRICH	IND COM OTH PTY SCC	Security Supervisor UNITED PARCEL SERVICE	125.00	12	5.00	125.00 P 04	
Rcpt Dt: 09/29/2004	T. W Cooper, Inc.	IND COM OTH PTY SCC		250.00	25	0.00	250.00 P 04	
Rcpt Dt: 09/30/2004	Roy Hearrean	IND COM OTH PTY SCC	Developer SWI Group of Cos	250.00	25	0.00	250.00 P 04	
Rept Dt: 09/30/2004	GLADYS LEE	IND COM OTH PTY SCC	SOCIAL WORKER PACIFIC CLINICS	125.00	12	5.00	125.00 P 04	
Rcpt Dt: 09/30/2004	Peter Noonan	IND COM OTH PTY SCC	Retired	125.00	12	5.00	125.00 F	
			SUBTOTAL	\$				
Amount red (Include all Amount red	ceived this period - unitemized contributions of less		\$ <u>_</u>		IN CC		tual pient Committee er than PTY or SCC)	
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A. Line 1.)TOTAL \$				Contributor Committee	

Schedule A Monetary Contributions Received		Amour	e or print in ink. nts may be rounded whole dollars.	Statement cov	ers period	SCHEDULE CALIFORNIA 460			
SEE INSTRUCTION	NS ON REVERSE			fromthrough		F	19/67		
NAME OF FILER	n Knabe Officeholder Account	 	·			I.D. No.			
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 09/30/2004	RICHARD RYDER M D.	X IND COM OTH PTY SCC	RETIRED	250.00	250.00		250.00		250.00 P 0
Rept Dt: 09/30/2004	Cheryl Varqo	X IND COM OTH PTY SCC	R. E. Consultant Subtec	250.00	25	0.00	250.00 P 0		
Rcpt Dt: 09/30/2004	Michael Vicencia	X IND COM OTH PTY SCC	Judge State of California	250.00	25	0.00	250.00 P 0		
Rcpt Dt: 09/30/2004	California Surface Hardening, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		125.00	12	25.00	125.00 P 0		
Rcpt Dt: 09/30/2004	HERSHEY BUSINESS SYSTEMS	IND COM OTH PTY SCC		250.00	25	50.00	250.00 F		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.)

\$ ______\$

2. Amount received this period - unitemized contributions of less than \$100\$

 *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule /		Тур	e or print in ink. Its may be rounded				SCHEDULE		
Monetary (Contributions Received	to	whole dollars.	Statement cov	ers period		FORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through			20 / 67		
NAME OF FILER	Karla Official Association					1.D. Nu	ımber		
Supervisor Dor	n Knabe Officeholder Account					9705			
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 CALENDAR Y (JAN. 1 - DEC	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 09/30/2004	Schaefer Ambulance Service	IND COM OTH PTY SCC	,	250.00	250.00		250.00 P 0		
Rept Dt: 09/30/2004	Steven D. Hunt Esq., Inc.	IND COM OTH PTY SCC		125.00	125.00		125.00		125.00 P 04
Rept Dt: 09/30/2004	TRABUCO OAKS STEAK HOUSE, INC.	IND COM OTH PTY SCC		250.00	250.00		250.00 P 0		
Rcpt Dt: 10/01/2004	CONTINENTAL DEVELOPMENT CORPORATION ID:	IND COM OTH PTY SCC		1000.00	100	0.00	1000.00 P 0		
Rcpt Dt: 10/01/2004	Hinderliter. De Llamas & Associates	IND COM OTH PTY SCC		1000.00	100	0.00	1000.00 F		
			SUBTOTAL	\$					
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less the		, _		IN		dual iplent Committee er than PTY or SCC)		
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col		\$ _)TOTAL \$ _		PT	Y - Politic			

Type or print in ink.

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SC	-	1 11 51		п

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through			21 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					I.D. N 9705	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/01/2004	Songlin International Corporation	IND COM OTH PTY SCC		1000.00	100	0.00	1000.00 P 04
Rept Dt: 10/01/2004	Sonnenblick-Del Rio Development Co	IND COM OTH PTY SCC		125.00	12	5.00	125.00 P 04
Rept Dt: 10/01/2004	Warner Bros טו: 911733	IND COM OTH PTY Scc		500.00	50	0.00	500.00 P 04
Rcpt Dt: 10/03/2004	United Victory Fund ID: 1256134	IND COM OTH PTY X SCC		250.00	25	0.00	250.00 P 04
Rept Dt: 10/04/2004	LOIS_KARP	X IND □ COM □ OTH □ PTY □ SCC	OFFICE ADMINISTRATOR NATIONAL PROPERTIES GF	125.00 OU-	12	5.00	125.00
			SUBTOTAL	\$			
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		ini		vidual cipient Committee her than PTY or SCC)
3. Total mone	eived this period - unitemized contributions of less tary contributions received this period. 1 and 2. Enter here and on the Summary Page. C		\$		PT	Υ - Politi	ical Party Il Contributor Committee

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Schedule A		Amounts may be rounded		·		SCHEDULE A	
Monetary (Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period		FORNIA 460
4				from			ORM TOU
SEE INSTRUCTION	NS ON REVERSE			through			22 / 67
NAME OF FILER	n Knabe Officeholder Account					I.D. N	umber
—————	Trillabe Officeriolder Account					9705	512
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 CALENDAR Y (JAN. 1 - DEC.	D DATE	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/04/2004	Charles Moore	X IND □ COM	Attorney	125.00	12	5.00	125.00 P 04
	ID:	OTH PTY SCC	Cox, Castle,Nickolson LLP				A. A
Rcpt Dt: 10/04/2004	Gary Morse	☑ IND COM	Exec. Director	250.00	25	0.00	250.00 P 04
	ID:	OTH PTY SCC	CBMWD				
Rept Dt: 10/04/2004	SUNG OH	X IND □ COM	PROBATION OFFICER	125.00	12	5.00	125.00 P 04
	ID:	OTH PTY SCC	COUNTY OF LOS ANGELES				
Rcpt Dt: 10/04/2004	Daniel Otter	X IND □ COM	Developer	250.00	25	0.00	250.00 P 04
	iD:	OTH PTY	Sierra Development Group-				
Rcpt Dt: 10/04/2004	Sheri Takamura	X IND □ COM	Owner	500.00	50	0.00	500.00 F
y.	ID;	OTH PTY SCC	E & S Partners, LLC				
1.			SUBTOTAL	\$			
	eived this period - contributions of \$100 or more.		\$		INI		ridual ciplent Committee
2. Amount rec	eived this period - uniternized contributions of less	s than \$100	\$ <u>_</u>			TH- Othe	ner than PTY or SCC) or ical Party
	tary contributions received this period.	Column A Line 1) TOTAL \$				Il Contributor Committee

Schedule A Monetary Contributions Received		Amoui	pe or print in ink. Its may be rounded In whole dollars.	Statement cov	ers period		SCHEDULE ORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through			23 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account			<u> </u>		I.D. Nur 97051	
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 CALENDAR YE (JAN. 1 - DEC.	DATE	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/04/2004	C. A. Rasmussen, Inc.	IND COM OTH PTY SCC		500.00	500	0.00	500.00 P 0
Rept Dt: 10/04/2004	CALIFORNIA GROCERS ASSOCIATION PAC ID: 760914	IND COM OTH PTY	,	125.00	125	5.00	125.00 P 0
Rept Dt: 10/04/2004	LBWTC Real Estate Partners LLC	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		750.00	750	0.00	750.00 P 0
Rcpt Dt: 10/04/2004	MOOTHART CHRYSLER, INC.	IND COM OTH PTY SCC		600.00	600	0.00	600.00 P 0
Rcpt Dt: 10/04/2004	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG	IND DEPENDENC OTH PTY SCC	E/S. BAY	125.00	125	5.00	125.00 I
			SUBTOTAL	\$			
	eived this period - contributions of \$100 or more.		\$ _		IND	ntributor (- Individ M - Recip	

2. Amount received this period - unitemized contributions of less than \$100\$

3. Total monetary contributions received this penod.

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

OTH- Other

PTY - Political Party

(other than PTY or SCC)

Type or print in ink.

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Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period from			CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			24 / 67	
NAME OF FILER	Vacha Officeholder Assesset					I.D. Nu	mber	
Supervisor Don	Knabe Officeholder Account	<u> </u>	·			9705	12	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 10/04/2004	THE WILLDAN GROUP OF COMPANIES	IND COM OTH PTY SCC		250.00	25	0.00	250.00 P 04	
Rept Dt: 10/04/2004	URBATEC	IND COM OTH PTY SCC		250.00	25	0.00	250.00 P 04	
Rept Dt: 10/05/2004	BERTRUM M. CEDILLOS	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PRESIDENT First California Corp.	1000.00	100	0.00	1000.00 P 04	
Rept Dt: 10/05/2004	MICHAEL MANICONE	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REALTOR MICHAEL MANICONE	250.00	25	0.00	250.00 P 04	
Rept Dt: 10/05/2004	Morton Migita	X IND COM OTH PTY SCC	Retired	250.00	25	0.00	250.00 i	
			SUBTOTAL	\$				
(Include all	eived this period - contributions of \$100 or more.		\$ <u>_</u>		O. O.	oth) TH- Other	dual ipient Committee er than PTY or SCC)	
3. Total mone	tary contributions received this period.					TY - Politic CC - Small	cal Party Contributor Committee	

Schedule / Monetary (A Contributions Received	Amour	pe or print in ink. nts may be rounded o whole dollars.	Statement cov	ers period		schedule FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through			25 / 67
NAME OF FILER Supervisor Don	Knabe Officeholder Account					1.D. N	umber 512
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/05/2004	Joseph Svorinich	IND COM OTH PTY SCC	Retired	125.00	12	5.00	125.00 P 0
Rept Dt: 10/05/2004	COLLEGE HOSPITAL INC.	IND COM OTH PTY SCC	·	625.00	62	5.00	625.00 P 0
Rept Dt: 10/05/2004	CREATIVE JEWELERS	IND COM OTH PTY SCC		125.00	12	5.00	125.00 P 0
Rept Dt: 10/06/2004	James Andersen	IND COM OTH PTY SCC	R. E. Developer Legacy Partners	125.00	125.00		125.00 P 0
Rcpt Dt: 10/06/2004	David Boran	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	125.00	12	25.00	125.00 F
			SUBTOTAL	\$			

Schedule A Summary

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100

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.....\$ _____

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

Schedule A Type or print in ink. Amounts may be rounded SCHEDULE A **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** FORM from. 26 / 67 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account

					970	512
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)
Rept Dt: 10/06/2004	VICTOR EPPORT	IND COM OTH PTY SCC	ATTORNEY EPPORT & RICHMAN, LLP	250.00	250.00	250.00 P 04
Rcpt Dt: 10/06/2004	Anthony Hogrebe Jr.	IND □ COM □ OTH □ PTY □ SCC	Sr. Operations Manager Achstone Smith	250.00	250.00	250.00 P 04
Rept Dt: 10/06/2004	ROBERT INFELISE	IND COM OTH PTY SCC	COX, CASTLE & NICHOLSO	100.00 N,	100.00	100.00 P 04
Rcpt Dt: 10/06/2004	SHIGEKI KIKKAWA	IND COM OTH PTY SCC.	HUMAN RESOURCES MANA	GER 125.00	125.00	125.00 P 04
Rept Dt: 10/06/2004	RHONDA OLIVER	IND COM OTH PTY SCC	OWNER READY-MIX CONCRETE	100.00	100.00	100.00 P - 1
			SUBTOTAL	\$		

Schedule A Summary	
1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)\$	
2. Amount received this period - unitemized contributions of less than \$100\$	
A TO A L. C. C. Anno and Market and the Annotation of the Annotation	

3. Total monetary contributions received this period.

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01) FPPC Toii-Free Helpline: 866/ASK-FPPC

COM - Recipient Committee

(other than PTY or SCC)

*Contributor Codes IND - Individual

OTH- Other

Schedule A Monetary Contributions Received		Amour	pe or print in ink. nts may be rounded o whole dollars.	Statement cov	ers period		schedule Fornia 460
SEE INSTRUCTIO	NS ON REVERSE			through			27 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					I.D. N 970	umber 512
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/06/2004	John Santry	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	R. E. Developer Legacy Partners	125.00	12	5.00	125.00 P 0
Rept Dt: 10/06/2004	Ray Smith	X IND COM OTH PTY SCC	Realtor Ray Smith Realty	125.00	12	5.00	125.00 P 0
Rept Dt: 10/06/2004	Clinica Medica Hispana Medical, Corp.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		200.00	20	0.00	200.00 P 0
Rept Dt: 10/06/2004	Fairplex	IND COM OTH PTY		250.00	25	0.00	250.00 P 0
Rcpt Dt: 10/06/2004	OLIVITO & ASSOCIATES, INC.	☐ IND☐ COM☐ ☐ OTH☐ ☐ PTY		125.00	12	5.00	125.00 P.1

SUBTOTAL \$

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink

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Schlednie /		. 76	or print in mai				SCHEDULE A
Monetary (Contributions Received		Amounts may be rounded Statemento whole dollars.			CALIFORNIA 460	
				from			ORM 400
SEE INSTRUCTION	NS ON REVERSE			through			28 / 67
NAME OF FILER	. March a Office hadden Assessment					I.D. Nu	mber
Supervisor Dor	Nabe Officeholder Account					9705	12
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/07/2004	LOS ANGELES COUNTY PHYSICIAN'S COMMITTEE	IND COM OTH PTY		1000.00	100	0.00	1000.00 P 04
Rept Dt: 10/07/2004	NATIONAL COUNCIL ON ALCOHOLISM AND OTHER	□ IND	NDENCIES/LONG BEACH WO	250.00 MAN TO WOMAN	25	0.00	250.00 P 04
Rept Dt: 10/07/2004	The Bridge Group	IND COM SOTH PTY SCC		125.00	12	5.00	125.00 P 04
Rept Dt: 10/08/2004	Mark Reinmiller	IND COM OTH PTY Scc	Construction Mgr. Vanir Construction	250.00	25	50.00	250.00 P 04
Rept Dt: 10/08/2004	Çecilia Wu	IND COM OTH PTY SCC	Attorney Wasserman, Comden, Casse	250.00	25	50.00	250.00 P 1
			SUBTOTAL	\$			
(Include all	eived this period - contributions of \$100 or more.		\$ <u>_</u>		IN Co		idual Ipient Committee Ier than PTY or SCC)
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colo	umn A, Line 1.	.)TOTAL \$ _				I Contributor Committee

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** FORM from_ 29 / 67 through_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account 970512 IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** PER ELECTION FULL NAME, MAILING ADDRESS DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR AND ZIP CODE OF CONTRIBUTOR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 10/08/2004 IND 375.00 375.00 P 04 375.00 Southern Building Maintenance, Inc. COM OTH Ō PTY SCC ID: Rcpt Dt: 10/08/2004 IND 125.00 P 04 125.00 125.00 TETRA DESIGN, INC. X X COM ОТН PTY SCC ID: Rcpt Dt: 10/09/2004 IND 375.00 375.00 P 04 **Physician** 375.00 Sami Abdel-Saved COM OTH

Los Angeles Co

DOCUMENT ASSISTANCE CO.

250.00

MANAGER

Rept Dt: 10/09/2004	LAUREL DICKRANIAN	X IND COM COTH PTY SCC	SELF-EMPLOYED LAUREL DICKRANIAN R. E.	250.00	250.	250.0
		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL \$	<u> </u>		
Schedule A	Summary				*Conf	ributor Codes
	eived this period - contributions of \$10 Schedule A subtotals.)	0 or more.	\$	· ·		 Individual Recipient Committee (other than PTY or S
2. Amount rec	eived this period - unitemized contribu	tions of less than \$100	\$			- Other - Political Party

PTY SCC

IND

COM OTH

PTY SCC

ID:

CLARE CONNELL

3. Total monetary contributions received this period.

Rcpt Dt: 10/09/2004

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

250.00

250.00 P 04

250.00 P 11

or SCC)

Schedule A Type or print in ink. Amounts may be rounded **Monetary Contributions Received** Statement covers period **CALIFORNIA** to whole dollars. from. through, SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account

					9/0	012
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)
Rept Dt: 10/09/2004	James Hankla	IND COM OTH PTY SCC	Broker International City Mortage	125.00	125.00	125.00 P 04
Rept Dt: 10/09/2004	Diane Martinez	IND COM OTH PTY SCC	Educator El Rancho Unified School Dist.	125.00	125.00	125.00 P 04
Rept Dt: 10/09/2004	Tony Martins	IND COM OTH PTY SCC	Contractor Martins Bros	250.00	250.00	250.00 P 04
Rept Dt: 10/09/2004	Myrna Rodriguez	□ IND □ COM □ OTH □ PTY □ SCC	Homemaker	125.00	125.00	125.00 P 04
Rept Dt: 10/09/2004	Atkinson. Andelson. Loya, Ruud & Romo	IND COM OTH PTY SCC		375.00	375.00	375.00 P **
			SURTOTAL	<u> </u>		

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

SCHEDULE A

FORM

30 / 67

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule / Monetary (A Contributions Received	Amour	e or print in ink. its may be rounded whole dollars.	Statement cov	ers period		schedule Fornia 460 Orm		
SEE INSTRUCTION	NS ON REVERSE			through	· ·		31 / 67		
NAME OF FILER Supervisor Don	Knabe Officeholder Account					I.D. Nu 9705			
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)		CUMULATIVE TO DATE PER CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/09/2004	PARKER, MILLIKEN CLARK, O'HARA & SAMUELIA	IND COM OTH PTY SCC		1000.00	1000.00		1000.00 P 04		
Rept Dt: 10/09/2004	STAR VIEW ADOLESCENT CENTER	IND COM OTH PTY SCC		400.00	400.00		400.00 P 04		
Rept Dt: 10/09/2004	TELECARE CORPORATION ID:	IND COM OTH PTY SCC	:	250.00	250.00		250.00 P 0		
Rcpt Dt: 10/12/2004	Terri Nishimura	IND COM OTH PTY SCC	Therapist Pediatric Therapy Networ-k	100.00	100.00		100.00 P 0		
Rcpt Dt: 10/12/2004	Svorinich & Associates	□ IND □ COM ☑ OTH □ PTY □ SCC		1000.00	100	00.00	1000.00 P ^		
			SUBTOTAL	\$					

Schedule A Summary

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)

 \$ 1. Amount received this period contributions of \$100 or more.

 \$ 2. Amount received this period contributions of \$100 or more.

 \$ 3. Amount received this period contributions of \$100 or more.
- 2. Amount received this period unitemized contributions of less than \$100

*Contributor Co	des

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule /	A	Тур	e or print in lnk.				SCHEDULE A		
Monetary (Contributions Received		nts may be rounded o whole dollars.	Statement cov	ers period		FORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through			32 / 67		
NAME OF FILER	n Knabe Officeholder Account					I.D. No	umber		
—————	T Kilabe Officeriolder Account		<u> </u>			9705	512		
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 T CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 10/14/2004	Susan Hollander	IND □ COM □ OTH □ PTY □ SCC	V.P. Public Policy Catholic Healthcare West	125.00	125.00		125.00 P 04		
Rept Dt: 10/14/2004	MARCY ZWELLING-AAMOT		PHYSICIAN MARCY ZWELLING-AAMOT, M.D.	125.00	125.00		125.00		125.00 P 04
Rept Dt: 10/16/2004	Robert Philibosian		Attorney Sheppard Mullin	250.00	250.00		250.00 P 04		
Rcpt Dt: 10/16/2004	RICHARD YU	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SR. COMPUTER ENGINEER	125.00	12	25.00	125.00 P 04		
Rcpt Dt: 10/16/2004	Athens Services	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		125.00	12	25.00	125.00 P.04		
			SUBTOTAL	\$					
(Include all	ceived this period - contributions of \$100 or more.		\$ <u>_</u>		C O P	ott) TH- Othe TY - Politi	ridual cipient Committee ner than PTY or SCC) r		
	1 and 2. Enter here and on the Summary Page (Column A. Line 1) TOTAL \$		13		John Jakor John Miles		

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** FORM from. 33 / 67 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account 970512 IF AN INDIVIDUAL, ENTER **FULL NAME, MAILING ADDRESS** AMOUNT **CUMULATIVE TO DATE** PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER **RECEIVED THIS** AND ZIP CODE OF CONTRIBUTOR CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 10/16/2004 IND 250.00 250.00 P 04 250.00 Law Offices Of David P. Baker COM OTH PTY SCC Rcpt Dt: 10/16/2004 IND 500.00 500.00 500.00 P 04 **TENET** COM X OTH

Schedule A	A Summary eived this period - contributions of \$100 or more.				*Contribute	
			SUBTOTAL	\$		
Rept Dt: 10/21/2004	MOLINA HEALTHCARE, INC.	IND COM IND OTH SCC		750.00	750.00	750.00 P ^ 1
Rept Dt: 10/21/2004	Bryant Investment Group, Inc.	☐ IND☐ COM☐ ☐ OTH☐ PTY☐ SCC		125.00	125.00	125.00 P 04
Rept Dt: 10/21/2004	HERMAN HIMAN CHAI	IND COM	PRESIDENT WHACHEON U.S.A., INC.	200.00	200.00	200.00 P 04
	<u>lu:</u>	☐ PTY☐ SCC				

(Include all Schedule A subtotals.)

3. Total monetary contributions received this period.

2. Amount received this period - unitemized contributions of less than \$100

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

COM - Recipient Committee

OTH- Other PTY - Political Party

(other than PTY or SCC)

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER Supervisor Don Knahe Officeholder Account		Amour	e or print in ink. Its may be rounded whole dollars.	Statement cover from	ers period	CALIFORNIA 460			
Supervisor Don	Knabe Officeholder Account					I.D. No 9705			
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)		CUMULATIVE TO DATE CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/21/2004	THE NEWHALL LAND AND FARMING CO.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00		500.00 P 0
Rcpt Dt: 10/21/2004	Waste Management - Western Group and Waste M	IND anagemedowifilia OTH PTY SCC	ited entities	500.00	1000.00		1000.00 P 0		
Rcpt Dt: 10/22/2004	AMERICAN MEDICAL RESPONSE	IND COM OTH PTY SCC		1000.00	1000.00		1000.00 P 0		
Rcpt Dt: 10/26/2004	AFAF ASSAD	X IND COM OTH PTY SCC	CHIEF ASSESSOR COUNTY OF LOS ANGELES	125.00	125.00		125.00 P 0		
Rcpt Dt: 10/26/2004	Eli Broad	X IND COM OTH PTY SCC	President The Broad Foundations	1000.00	100	0.00	1000.00 P ^		
			SUBTOTAL	\$					

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC-Small Contributor Committee

Schedule /	4	ТУР	e or print in ink.		<u> </u>		SCHEDULE A		
Monetary (Contributions Received		ts may be rounded whole dollars.	Statement cov	ers period	CALI	ORNIA 460		
•				from			ORM TOU		
SEE INSTRUCTION	NS ON REVERSE			through	Mr.		35 / 67		
NAME OF FILER		 ,				I.D. Nu	ımber		
Supervisor Don	n Knabe Officeholder Account					9705			
					· ·		12		
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 10/26/2004	George Ciampa	IND COM OTH PTY SCC	Retired	125.00	125.00		125.00 P 04		
Rcpt Dt: 10/26/2004	Cheri Kelley	IND COM OTH PTY SCC	Realtor Home Town Realtors	125.00	125.00		125.00		125.00 P 04
Rcpt Dt: 10/26/2004	Nancy Kim	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	25	50.00	250.00 P 04		
Rcpt Dt: 10/26/2004	JANET MUMMEY	IND COM OTH PTY SCC	JANET E. MUMMEY LAW OF	100.00	10	00.00	100.00 P 04		
Rcpt Dt: 10/26/2004	Calmet Services, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	29	50.00	250.00 P ^		
			SUBTOTAL	\$					
1. Amount red (include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.) ceived this period - unitemized contributions of less		\$ <u>_</u>				idual sipient Committee ner than PTY or SCC) r		
3. Total mone	etary contributions received this period.	Column A. Line 1	.)TOTAL \$ _				I Contributor Committee		

Schedule /		Тур	pe or print in ink. Its may be rounded		<u>. </u>	:	SCHEDULE	
Monetary (Contributions Received	to	o whole dollars.	Statement cov	ers period		FORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			36 / 67	
NAME OF FILER Supervisor Don	n Knabe Officeholder Account				,	I.D. No. 9705		
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 CALENDAR Y (JAN. 1 - DEC	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 10/26/2004	Central City Association Of Los Angeles	IND COM OTH PTY SCC		125.00	125.00		125.00 P 0	
Rept Dt: 10/26/2004	Jerry B. Epstein Management Company	IND COM STH PTY SCC		500.00	500.00		500.00 P 0	
Rept Dt: 10/26/2004	LOS ANGELES COUNTY LIFEGUARD ASSOCIATIO	N COM OTH PTY SCC		1000.00	1000.00		1000.00 P 0	
Rept Dt: 10/26/2004	Pbms Inc. Dba Premier Building Maintence Services	IND COM SO OTH PTY SCC		1000.00	1000.00		1000.00 P 0	
Rept Dt: 10/27/2004	RICHARD BULOT ID:	X IND □ COM □ OTH □ PTY □ SCC	RETIRED	125.00	12	5.00	125.00 P ^	
			SUBTOTAL	\$				

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)\$
- 2. Amount received this period unitemized contributions of less than \$100
- 3. Total monetary contributions received this period.

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule / Monetary (schedule A Ionetary Contributions Received		e or print in ink. nts may be rounded whole dollars.	Statement cove	ers period	schedule a			
SEE INSTRUCTION	NS ON REVERSE	•		through	N. M. Walley		37 / 67		
NAME OF FILER Supervisor Don	n Knabe Officeholder Account					1.D. Nu 9705			
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)		
Rept Dt: 10/27/2004	Sal Flores	IND COM OTH PTY	Consultant WE-ELC-U	250.00	250.00		250.00		250.00 P 04
Rept Dt: 10/27/2004	W. Mackie	IND COM OTH PTY SCC	Vetenerian Mackie D.V.M.	125.00	125.00		125.00 P 04		
Rcpt Dt: 10/27/2004	MARTHA MCKINZIE	IND COM OTH PTY SCC	HOMEMAKER	125.00	125.00		125.00 P 04		
Rcpt Dt: 10/27/2004	Shan K. Thever Professional Corporation	IND COM SO OTH PTY SCC		100.00	100.00		100.00 P 04		
Rept Dt: 10/27/2004	WESTMED AMBULANCE, INC.	IND COM OTH PTY SCC		625.00	62	25.00	625.00 F		

SUBTOTAL \$

Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) 2. Amount received this period - unitemized contributions of less than \$100 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC- Small Contributor Committee

Schedule / Monetary (chedule A lonetary Contributions Received EE INSTRUCTIONS ON REVERSE	Amour	oe or print in ink. nts may be rounded o whole dollars.	Statement cov	ers period	schedule california 460 form	
	NS ON REVERSE			through			38 / 67
NAME OF FILER Supervisor Don	n Knabe Officeholder Account					I.D. Nu	ımber
		- -				9705	12
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/27/2004	Whittier Rio Hondo Aids Project	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		125.00	37	5.00	375.00 P 04
Rept Dt: 10/28/2004	PAUL BLANCO	X IND COM OTH PTY SCC	HEALTH DEPARTMENT	250.00	250.00		250.00 P 04
Rept Dt: 10/28/2004	A. CARDONO	X IND COM ☐ OTH ☐ PTY ☐ SCC	EXECUTIVE ANGELO, INC.	125.00	125.00		125.00 P 0
Rept Dt: 10/28/2004	Diane Dewalsche	X IND COM OTH PTY SCC	COO Community Hospital of L.B.	125.00	12	5.00	125.00 P 0
Rept Dt: 10/28/2004	DIANE GENTILE ID:	X IND COM OTH PTY SCC	MEDICAL RECORDS LEAD BEHAVIORAL HEALTH SERVES	1000.00 /IC-	100	0.00	1000.00 P ^
			SUBTOTAL	\$			
Schedule A	Summary		,		*0	ontributor	Codes

- 2. Amount received this period unitemized contributions of less than \$100

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

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Monetary	Monetary Contributions Received		nts may be rounded whole dollars.	thole dollars.			CALIFORNIA 460	
				from		F-1	ORM TOO	
SEE INSTRUCTION	NS ON REVERSE			through	···		40 / 67	
NAME OF FILER	Knobo Officeholder Assount					I.D. Ni	ımber	
Supervisor Doi	Nabe Officeholder Account					9705	12.	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 10/28/2004	Susan Maclaurin	☑ IND ☐ COM ☐ OTH ☐ PTY	Editor Susan MacLaurin	250.00	25	0.00	250.00 P 04	
	ID:	□ scc						
Rept Dt: 10/28/2004	Elore Merrill	□ COM □ OTH □ PTY	Retired	125.00	12	5.00	125.00 P 04	
	(D:	│						
Rept Dt: 10/28/2004	NANCY MYERS	IND COM OTH PTY	OWNER THE LOCK SHOP	125.00	12	5.00	125.00 P 04	
	IU:	□ scc			<u> -</u>		405.00.00.0	
Rept Dt: 10/28/2004	HELEN NAJAR	IND COM OTH SCC	SELF-EMPLOYED HCN/C	125.00	12	5.00	125.00 P 04	
Rept Dt: 10/28/2004	Mike Patel	☑ IND ☐ COM	President	125.00	12	5.00	125.00 P 1	
	ID:	OTH PTY SCC	Davina Corp					
			SUBTOTAL	\$				
Schedule A	Summary						- A- d	
1. Amount rec	eived this period - contributions of \$100 or more.		\$ _		IN			
2. Amount rec	eived this period - unitemized contributions of less t	han \$100	\$ _			TH- Othe		
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co)TOTAL \$			ry - Politic CC - Smal	cal Party I Contributor Committee	

RCPIT DI: 10/28/2004 AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AND ZIP CODE OF CODE	Schedule A Monetary Contributions Received		Amour	e or print in ink. nts may be rounded whole dollars.	Statement covers period from			SCHEDULE FORNIA 460 ORM
Supervisor Don Knabe Officeholder Account Post	SEE INSTRUCTION	NS ON REVERSE			through			41 / 67
RCPT Dt: 10/28/2004 RCPT D		Knabe Officeholder Account					,	
MAUREEN RETSEK		AND ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER	RECEIVED THIS	CUMULATIVE TO DATE CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
10/28/2004 LINDA RIDOLFO COM COTH	Rept Dt: 10/28/2004		COM OTH PTY	RELOCATION SPECIALIST		250.00		250.00 P 0
ID: SCC	Rept Dt: 10/28/2004		COM OTH PTY		125.00	12	5.00	125.00 P 0

	A Summary eived this period - contributions of \$100 or more.	•		*Contributor C IND - Individu COM - Recipi		
		-	SUBTOTAL	\$		
	ID:	OTH PTY SCC	RICHARD T. SIVERSON			
Rept Dt: 10/28/2004	RICHARD SIVERSON	☑ IND ☐ COM	BUILDING CONTRACTOR	125.00	125.00	125.00 P 14
	# - ** 	D OTH PTY SCC	MOORE & ASSOCIATES REA	ALT-	·	
Rcpt Dt: 10/28/2004	PALII SIVERSON	☑ IND ☐ COM	REALTOR	125.00	125.00	125.00 P 04
	ID:	OTH PTY SCC	LA D.W.P.			
Rcpt Dt: 10/28/2004	ERIC SHAVELY	⊠ IND □ COM	SAFETY SUPERVISOR	125.00	125.00	125.00 P 04

(Include all Schedule A subtotals.)

3. Total monetary contributions received this period.

2. Amount received this period - unitemized contributions of less than \$100

FPPC Form 460 (JUNE/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

SCC- Small Contributor Committee

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PTY - Political Party

(other than PTY or SCC)

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Scriedule /			its may be rounded		<u>-</u>		SCHEDULE A
Monetary (Contributions Received		whole dollars.	Statement cov	ers period	CALI	FORNIA 460
				from			ORM TOU
SEE INSTRUCTION	NS ON REVERSE			through			42 / 67
NAME OF FILER Supervisor Don	n Knabe Officeholder Account			· · · · · · · · · · · · · · · · · · ·		I.D. N	umber
					<u> </u>	9705	512
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/28/2004	DENNIS C. SMITH	X IND □ COM □ OTH	MORTGAGE BROKER	125.00	12	5.00	125.00 P 04
	יט: יט:	PTY	STRAT FINANCIAL				
Rcpt Dt: 10/28/2004	CALIFORNIA SULPHUR COMPANY	IND COM OTH PTY SCC		250.00	250.00		250.00 P 04
Rept Dt: 10/28/2004	Care Ambulance Services, Inc.	IND COM IND OTH PTY SCC		1000.00	1000.00		1000.00 P 04
Rept Dt: 10/28/2004	Goldrich, Kest, H. & S.	IND COM OTH PTY SCC		1000.00	1000.00		1000.00 P 04
Rept Dt: 10/28/2004	Leisure Pacific, LLC	IND COM OTH PTY SCC		125.00	12	25.00	125.00 F ^4
			SUBTOTAL	\$			
(Include all	eived this period - contributions of \$100 or more.		\$ <u>_</u>		in co	oth) TH- Othe	idual sipient Committee ner than PTY or SCC) r
3. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page. 0					TY - Politi	cal Party Il Contributor Committee

Schedule A Type or print in lnk. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** FORM from_ 43 / 67 through_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account 970512 IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS **AMOUNT CUMULATIVE TO DATE** PER ELECTION DATE CONTRIBUTOR AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 10/30/2004 IND Clerk 150.00 150.00 150.00 P 04 Monitese Crooks COM OTH PTY Maersk SCC Rcpt Dt: 10/30/2004 IND 250.00 250.00 250.00 P 04 SEMPRA ENERGY COM X OTH PTY SCC Rcpt Dt: 10/30/2004 IND X 1000.00 1000.00 1000.00 P 04 WATSON I AND COMPANY COM OTH PTY SCC ID: \boxtimes Rcpt Dt: 11/01/2004 IND Retired 250.00 250.00 P 04 250.00 Felix Heflin COM OTH PTY SCC ID: Rcpt Dt: 11/01/2004 IND CEO 125.00 125.00 125.00 P 14 RAYMOND JANKOWSKI COM OTH COMMUNITY HOSPITAL OF LONG BEACH PTY SCC **SUBTOTAL \$**

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.) \$_______\$
- 2. Amount received this period unitemized contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Concade	· -	A	nts may be rounded				50	CHEDULE A		
Monetary (Contributions Received		whole dollars.	Statement cov	ers period	CALIFO	PNIA	466		
j				from	· ·	FOR		460		
SEE INSTRUCTIO	NS ON REVERSE			through		44	4 / 67			
NAME OF FILER	Washa Official allow Assessed					I.D. Numb	per			
Supervisor Doi	n Knabe Officeholder Account					970512				
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 CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELE TO D (IF REQ	ATE		
Rept Dt: 11/01/2004	Michael Johnson	IND COM OTH PTY SCC	Managing Director Bearing Point	125.00	. 12	5.00	12	25.00 P 04		
Rept Dt: 11/01/2004	Laura Lee		Council Member City of Cerritos	125.00	125.00		125.00 1		12	25.00 P 04
Rcpt Dt: 11/01/2004	Ramesh Mahajan		Self Mahjan Co.	125.00	125.00		12	25.00 P 04		
Rept Dt: 11/01/2004	SUZANNE NOSWORTHY		HOMEMAKER	125.00	12	5.00	12	25.00 P 04		
Rcpt Dt: 11/01/2004	Norman Rasmussen	IND	Attorney Law Offices of Norman Rasmussen	125.00	12	5.00	12	25.00 P 04		
			SUBTOTAL	\$						
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less to		\$ <u>_</u>		INI	ontributor Co D - Individua DM - Recipie (other t	ai			
3. Total mone	tary contributions received this period.				PT	Y - Political C - Small Co	•	Committee		

Schedule A Type or print in ink. Amounts may be rounded **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA FORM** from_ 45 / 67 through, SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Supervisor Don Knabe Officeholder Account

	·				970	512
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: 11/01/2004	Jackie Schneider	IND COM OTH PTY SCC	Homemaker	125.00	125.00	125.00 P 04
Rept Dt: 11/01/2004	JOSEPH TAY 90 ID:	IND COM OTH PTY SCC	Health Care Consulting J. T. Consulting Co.	125.00	125.00	125.00 P 04
Rept Dt: 11/01/2004	Renge Young	IND COM OTH PTY SCC	Consulting Bearing Point	125.00	125.00	125.00 P 04
Rept Dt: 11/01/2004	Andrew J. Manos D. O., Inc.	IND COM OTH PTY SCC		250.00	250.00	250.00 P 04
Rept Dt: 11/01/2004	Dennis I Parmer Md Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00	250.00 P ^4
			SUBTOTAL	•		

Schedule A	Summary
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- 1. Amount received this period contributions of \$100 or more.\$ (Include all Schedule A subtotals.) 2. Amount received this period - unitemized contributions of less than \$100
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

SCHEDULE A

Schedule A Monetary Contributions Received			pe or print in ink. nts may be rounded o whole dollars.	Statement cov	ers period	california 460		
SEE INSTRUCTIO	INS ON REVERSE			through			46 / 67	
NAME OF FILER Supervisor Do	n Knabe Officeholder Account	·				i.D. No		
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: 11/01/2004	Pacific Marina Venture, LLC	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00		250.00 P 0	
Rept Dt: 11/01/2004	Special Service For Groups	IND COM OTH PTY SCC		125.00	125.00		125.00 P 0	
Rcpt Dt: 11/02/2004	Marina Bhumitra	X IND COM OTH PTY SCC	CEO	250.00	250	0.00	250.00 P 0	
Rcpt Dt: 11/02/2004	VIRGINIA BOGGS	IND COM OTH PTY SCC	REAL ESTATE BROKER BOGGS REALTY	375.00	375	5.00	375.00 P 0	
Rcpt Dt: 11/02/2004	Dardy Chen	IND COM	Self	125.00	125	5.00	125.00 P	

OTH PTY SCC

Chen Enterprises

SUBTOTAL \$

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100
- 3. Total monetary contributions received this period.

*Cont	ributor	Code
INID	Indiad.	4

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

. Type or print in ink.

SCHEDULE A

Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement cov	ers period		ORNIA 4(50
SEE INSTRUCTIO	ONS ON REVERSE			through			47 / 67	
NAME OF FILER Supervisor Do	n Knabe Officeholder Account			<u> </u>		I.D. Nur	mber	
	<u> </u>				·	97051	12	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTIO TO DATE (IF REQUIRE	
Rcpt Dt: 11/02/2004	Nathan Golden	IND COM OTH PTY SCC	Owner Lex Financial Mgmt.	250.00	250.00		250.00	P 04
Rcpt Dt: 11/02/2004	NORMAN HAYNIE	IND COM OTH PTY SCC	Engineer/Developer Blue onyx Design & Engineering, Inc.	250.00	250.00		250.00	P 04
Rcpt Dt: 11/02/2004	Kenneth Krausfeldt Yc. ID:	IND COM OTH PTY SCC	President Spectra Contract Floorin- g	250.00	250.00		250.00	P 04
Rept Dt: 11/02/2004	Carol Kwan	IND COM OTH PTY SCC	Owner Engineering Ventures for the Environment	200.00	20	00.00	200.00	P 04
Rept Dt: 11/02/2004	David Levine	X IND COM OTH PTY SCC	Real Estate Consultant Office of Jerry B. Epste- in	500.00	100	00.00	1000.00	P 04
			SUBTOTAL	\$				
1. Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$_		IN			C)
	ceived this period - uniternized contributions of les	ss than \$100	\$ _		P1	TH- Other TY - Politica	al Party	
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1.	.)TOTAL \$ _		SC	JC - Small	Contributor Comn	iirree

Schedule A Monetary Contributions Received		Amour	oe or print in ink. nts may be rounded o whole dollars.	schedule Schedule California 460			
SEE INSTRUCTION	NS ON REVERSE			through	<u> </u>		48 / 67
NAME OF FILER Supervisor Dor	Knabe Officeholder Account			•		I.D. Nu 9705	
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)
Rept Dt: 11/02/2004	Norm Ryan	X IND □ COM □ OTH □ PTY □ SCC	Retired	125.00	125.00		125.00 P 0
Rept Dt: 11/02/2004	Elizabeth Szu	IND COM OTH PTY Scc	Realtor Re-Max	125.00	125.00		125.00 P 0
Rept Dt: 11/02/2004	ADLER PUBLIC AFFAIRS	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00		250.00 P 0
Rcpt Dt: 11/02/2004	Alschuler Grossman Stein & Kahan Lip	IND COM OTH PTY SCC		500.00	500.00		500.00 P 0
Rcpt Dt: 11/02/2004	Jung & Yuen, LLP Attorneys at Law	□ IND □ COM □ OTH □ PTY □ SCC		125.00	129	5.00	125.00 P ^

Schedule A Summary

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)

 \$ 1. Amount received this period contributions of \$100 or more.

 \$ 2. Amount received this period contributions of \$100 or more.

 \$ 3. Amount received this period contributions of \$100 or more.
- 2. Amount received this period unitemized contributions of less than \$100

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

SEE INSTRUCTIONS O NAME OF FILER Supervisor Don Kn: DATE RECEIVED Ropt Dt:	ntributions Received N REVERSE abe Officeholder Account FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		ts may be rounded whole dollars.	Statement coverage from		49 / 67 D. Number
NAME OF FILER Supervisor Don Known DATE RECEIVED Ropt Dt:	abe Officeholder Account FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR					49 / 67
NAME OF FILER Supervisor Don Known DATE RECEIVED Ropt Dt:	abe Officeholder Account FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR			through	. 1	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR				·. 1	D. Number
RECEIVED Rept Dt:	AND ZIP CODE OF CONTRIBUTOR				` l (970512
Rept Dt: 11/02/2004 K		CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE PER ELECTION TO DATE
; · ·	ESSEL & ASSOCIATES	IND COM OTH PTY SCC	,	125.00	125.0	00 125.00 P 04
Ropt Dt:	rp Properties	IND COM OTH PTY SCC		125.00	125.0	125.00 P 04
Ropt Dt:	SIDRO MENEZES	IND COM OTH PTY SCC	RETIRED	100.00	100.0	00 100.00 P 04
Rcpt Dt: 11/09/2004 P	Paramount Pictures Group	IND COM IX OTH PTY SCC		1000.00	1000.0	1000.00 P 04
Rept Dt. 12/09/2004 B	3 & E Engineers	IND COM OTH PTY SCC		250.00	250.0	250.00 P 04
			SUBTOTAL	\$		
(Include all Sch	ed this period - contributions of \$100 or more.		\$ <u>_</u>		IND COM	ributor Codes - Individual - Recipient Committee (other than PTY or SCC) Other Political Party

FPPC Form 480 (JUNE/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

Schedule A Monetary Contributions Received		Amour	e or print in ink. Its may be rounded whole dollars.	Statement cove	ers period	SCHEDULE CALIFORNIA 460 FORM	
SEE INSTRUCTIO	NS ON REVERSE			through			50 / 67
NAME OF FILER Supervisor Dor	n Knabe Officeholder Account					I.D. Nu 9705	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 12/09/2004	Far West Management Corp.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00 P 0
Rcpt Dt: 12/09/2004	GC Services	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 P 0
Rcpt Dt: 12/26/2004	David Levine	X IND COM OTH PTY SCC	Real Estate Consultant Office of Jerry B. Epste- in	500.00	1000.00		1000.00 P 0
Rcpt Dt: 12/26/2004	Jerry B. Epstein Management Company	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 P 0
Rcpt Dt: 12/29/2004	Dan Richardson	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Care Ambulance Svs.,	1000.00	100	0.00	1000.00 P 0
			SUBTOTAL	¢			

Schedule A Summary

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100

*Cont	ribu	ıtoı	r	C	od	es

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A		Тур	pe or print in ink.	SCHEDU				
Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through	to to a		51 / 67	
NAME OF FILER Supervisor Doi	n Knabe Officeholder Account					I.D. No.		
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 T CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 12/29/2004	Songlin International Corp.	IND COM OTH PTY SCC		300.00	30	00.00	300.00 P	

	SUBTOTAL \$	67574.00		
Schedule A Summary				*Contributor Codes
Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	·		IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$ <u></u>		•	(other than PTY or SCC) OTH- Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Rage, Column A. Line 1.)	TOTAL \$			PTY - Political Party SCC - Small Contributor Committee