

Schedule A Monetary Contributions Received

SCHEDULE A

Statement covers period from <u>01/01/2006</u>	CALIFORNIA FORM 460
through <u>06/30/2006</u>	
5/21	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Supervisor Don Knabe Officeholder Account	I.D. Number 970512
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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: 01/03/2006	David O Levine ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Consultant Office of Jerry B. Epstein	150.00	150.00	150.00 P 04
Rcpt Dt: 01/03/2006	*Fernando L Villa ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Co. of Los Angeles	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 01/03/2006	*Sharon J Villa ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse Long Beach Memorial Hospital	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 01/07/2006	*Diane M Gentile ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Records Clk. Behavioral Health Services	1000.00	1000.00	1000.00 P 04
Rcpt Dt: 01/07/2006	*Lawrence T Gentile ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pres./CEO Behavioral Health Services	1000.00	1000.00	1000.00 P 04

* INDIVIDUAL SIGNATURE VERIFIED	SUBTOTAL \$ 4,150.00
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Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 4650.00
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.)	TOTAL \$ 4650.00

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

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SCHEDULE A

Statement covers period from <u>01/01/2006</u> through <u>06/30/2006</u>	CALIFORNIA FORM 460
	6/21
I.D. Number 970512	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Supervisor Don Knabe Officeholder Account

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: 06/05/2006	DISNEY WORLDWIDE SERVICES, INC. ID:	<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 \$ 500.00

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 \$** _____

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 IND - Individual
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 (other than PTY or SCC)
 OTH - Other
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