Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		nts may be rounded whole dollars.	Statement cover	atement covers period CALIFORNI.			
SEE INSTRUCTION	NS ON REVERSE			through		5 /	39	
NAME OF FILER	NO ON NEVEROE					I.D. Numbe	er	
Re-Elect Supe	rvisor Don Knabe					1251077	7	
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 THIS PERIOD	CUMULATIVE TO CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 07/31/2003	HOWARD B. DROLLINGER ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REAL ESTATE H.B. DROLLINGER CO.	500.00	1000	.00	1000.00 P 04	
Rcpt Dt: 09/25/2003	JOHN A. EVANS. III.	X IND □ COM □ OTH □ PTY □ SCC	SENIOR VICE PRESIDENT AON	-1000.00	0	.00		
Rcpt Dt: 09/24/2003	YUKIKO FUKAI	X IND □ COM □ OTH □ PTY □ SCC	RETIRED	500.00	1000.00		1000.00 P 04	
Rcpt Dt: 09/26/2003	CLARENCE C. STEPHENS	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER CANDLE CORP.	125.00	225	5.00	225.00 P 04	
Rcpt Dt: 09/26/2003	BETTY ROSENSTEIN ID:	X IND COM OTH PTY SCC	RETIRED	250.00	750.00		750.00 P	
			SUBTOTAL	\$				
Amount re- (Include al	A Summary ceived this period - contributions of \$100 or more Il Schedule A subtotals.) ceived this period - unitemized contributions of le		40€	400.00	IND		al nt Committee han PTY or SCC)	
	etary contributions received this period.			58230.00			intributor Committee	

3. Total monetary contributions received this period.

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM

SCC - Small Contributor Committee

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

Statement covers period

from_

SEE INSTRUCTION	NS ON REVERSE			through			6 / 39
NAME OF FILER	rvisor Don Knabe					I.D. Nur 12510	
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: 08/25/2003	VINCENT CURCI	X IND COM OTH PTY SCC	REALTOR VINCENT CURCI	1000.00	100	00.00	1000.00 P 0€
Rept Dt: 09/25/2003	DIANA R. FORTUNE	X IND COM OTH PTY SCC	LONG TERM CARE ADM. LAS FLORES CONV. HOSP.	125.00	225.00		225.00 P 04
Rcpt Dt: 07/03/2003	SUSAN MCLAURIN	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EDITOR SUSAN MACLAURIN	1000.00	1000.00		1000.00 P 04
Rcpt Dt: 07/07/2003	CATHERINE A. HALL	X IND COM OTH PTY SCC	Homemaker	500.00	50	00.00	500.00 P 0
Rcpt Dt: 07/23/2003	ROBERT HEALEY	X IND COM OTH PTY SCC	REALTOR CB RICHARD ELLIS	500.00	50	00.00	500.00 P
	:		SUBTOTAL	\$			
Amount red (Include al	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.) ceived this period - unitemized contributions of les				IN C	Contributor ID - Individ OM - Recip (other TH - Other TY - Politic	dual pient Committee er than PTY or SCC)

3. Total monetary contributions received this period.

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM

Statement covers period

from.

SEE INSTRUCTION	IS ON REVERSE			through			7 / 39
NAME OF FILER	visor Don Knabe .	7.				I.D. Nur 12510	
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: 07/23/2003	ANN N. HUNTER	X IND COM OTH PTY SCC	BANQUET REPRESENTATIV		100	00.00	1000.00 P Q4
Rcpt Dt: 07/24/2003	ROBERT A. LARSEN	IND COM OTH PTY SCC	S.CA. ALCOHOL & DRUG PROGRAM, INC.	250.00	250.00		250.00 P 04
Rcpt Dt: 07/24/2003	LISA R. MARKELL	X IND COM OTH PTY SCC	DIRECT FUND DEVELOPME S. CA. ALCOHOL & DRUG PROGRAMS, INC.	NT 250.00	25	50.00	250.00 P 04
Rcpt Dt: 07/31/2003	MARGARET L. DROLLINGER	IND COM OTH PTY SCC	HOMEMAKER	500.00	50	00.00	500.00 P 0
Rcpt Dt: 07/31/2003	DAVID A. DRUMMOND	X IND COM OTH PTY SCC	REAL ESTATE COLLIERS-SEELER	500.00	50	00.00	500.00 P
	A		SUBTOTAL	\$	1		
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.) ceived this period - unitemized contributions of less				C		dual pient Committee er than PTY or SCC)

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

SCC - Small Contributor Committee

PTY - Political Party

Type or print in ink.

SCHEDULE A

Monetary	Contributions Received		nts may be rounded whole dollars.	from CALIFORNIA FORM			ORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through			8 / 39
NAME OF FILER	40 ON NEVEROL					I.D. Nur	mber
Re-Elect Super	rvisor Don Knabe					12510)77
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 07/31/2003	DONALD W. CROKER	IND COM OTH PTY SCC	RETIRED	200.00	200	0.00	200.00 P 04
Rcpt Dt: 07/31/2003	LINDA L. ALESHIRE		RETIRED	1000.00	100	0.00	1000.00 P 04
Rcpt Dt: 07/31/2003	WILLIAM E. SIMON, JR.	IND □ COM □ OTH □ PTY □ SCC	MERCHANT BANKER WILLIAM E. SIMON & SONS, LLC.	500.00	500.00		500.00 P 04
Rcpt Dt: 08/05/2003	ALAN FENSTER A PROFESSIONAL CORPORATION	IND COM OTH PTY SCC		500.00	50	0.00	500.00 P 04
Rcpt Dt: 08/05/2003	JIN KWAK	IND COM OTH PTY SCC	OWNER JIN'S SHELL	1000.00	0 1000.00		1000.00 P
			SUBTOTAL	\$	Ţ		
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. Il Schedule A subtotals.)				INI		dual pient Committee er than PTY or SCC)
3. Total mone	ceived this period - unitemized contributions of less the etary contributions received this period. Is 1 and 2. Enter here and on the Summary Page, Col				PT	Y - Politic	

JESSE SHARF

SCHEDULE A

500.00, P 04

SEE INSTRUCTION	Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER		e or print in link. its may be rounded whole dollars.	Statement cover fromthrough	ers period	CALIFORNIA FORM 9 / 39 I.D. Number	
	visor Don Knabe					12510	077
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)
Rcpt Dt: 08/05/2003	YOUNG H. KWAK	X IND COM □ OTH □ PTY □ SCC	HOMEMAKER	1000.00	1000	0.00	1000.00 P 04
Rcpt Dt: 08/07/2003	AMY R. FORBES	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY GIBSON, DUNN & CRUTCH	500.00 ER	500	0.00	500.00 P 04
Rcpt Dt: 08/07/2003	GIBSON, DUNN & CRUTCHER, LLP	☐ IND ☐ COM ☒ OTH		1000.00	100	0.00	1000.00 P 04

		SUE	BTOTAL \$		
Rcpt Dt: 08/08/2003	GAUDENTI & SONS	□ IND □ COM □ OTH □ PTY □ SCC	1000.00	1000.00	1000.00 F
	D:	□ SCC LLF			

ATTORNEY

GIBSON, DUNN & CRUTCHER,

☐ PTY ☐ scc

X IND

COM

OTH

PTY

Schedule A Summary	Schedule	A SI	ummary
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Rcpt Dt: 08/07/2003

- 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

500.00

500.00

PTY - Political Party

SCC - Small Contributor Committee

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

SCH	COL	11	F A

CALIFORNIA 46

Statement covers period

EE INSTRUCTION	IS ON REVERSE			through		9	10 / 39
IAME OF FILER	visor Don Knabe		8			I.D. Nur	
ve-Flect Ouper	VISUE DON'T (TILLUDE					12510)77
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 08/08/2003	TIMUR TECIMER		REAL ESTATE OVERTON MOORE PROPER	1000.00	375.00		1000.00 P 0
Rcpt Dt: 09/27/2003	LYNX REALTY & MANAGEMENT	IND COM IND OTH PTY SCC		375.00			375.00 P 0
Rcpt Dt: 09/26/2003	LAND DESIGN CONSULTANTS, INC.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	50.00	250.00 P 0
Rcpt Dt: 09/25/2003	CLINE & DUPLISSEA	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		125.00	12	25.00	125.00 P (
Rcpt Dt: 09/27/2003	LAW OFFICE OF BAKER AND JACOBS	□ IND □ COM ☒ OTH □ PTY □ SCC		125.00	1:	25.00	125.00 P
	ID:		SUBTOTAL	. \$			
1. Amount red (Include al	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)		\$ <u>_</u>		- II		idual ipient Committee er than PTY or SCC)
3 Total mone	ceived this period - unitemized contributions of le				P	TY - Politi	
(Add Lines	s 1 and 2. Enter here and on the Summary Page,	, Column A, Line	1.) TOTAL \$ _		-	- FD	OC Form 460 / IIINE/0:

3. Total monetary contributions received this period.

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

COL	EDU	L V

CALIFORNIA

FORM

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC

FPPC Form 460 (JUNE/01)

11/39

Statement covers period

from

through

NAME OF FILER	desa Dan Kraha					I.D. Num	ber
Re-Elect Supen	visor Don Knabe					125107	77
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 THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/29/2003	JANET TEAGUE	X IND COM OTH PTY SCC	RETIRED	1000.00	1000.	00	1000.00 P 04
Rcpt Dt: 09/27/2003	JOSEPH N. SMITH	X IND COM OTH PTY SCC	DIRECTOR COUNTY OF LOS ANGELES	125.00	125.	00	125.00 P 0
Rcpt Dt: 09/24/2003	MAS NAGAMI	X IND COM OTH PTY SCC	CONSULTANT MN ASSOCIATES	250.00	250.	00	250.00 P 0
Rcpt Dt: 09/24/2003	C. GEORGE DEUKMEJIAN ID:	X IND COM OTH PTY SCC	RETIRED	200.00	200.	.00	200.00 P 0
Rcpt Dt: 09/25/2003	PHILIP H. HICKOK	X IND COM OTH PTY SCC	JUDGE STATE OF CALIFORNIA	125.00	125	.00	125.00 P
			SUBTOTAL	\$	ì		
(Include all	Summary reived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IND	ntributor (- Individ // - Recip (othe	

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

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

SCHEDULE A

Monetary (Monetary Contributions Received		whole dollars.	from		FO	FORM 460	
SEE INSTRUCTION	NS ON REVERSE			through		12 / 39		
NAME OF FILER	40 ON REVEROE				2	I.D. Nur	nber	
Re-Elect Super	rvisor Don Knabe					12510)77	
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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 09/25/2003	CLAYTON HOLLOPETER	X IND COM OTH PTY SCC	EXECUTIVE DIRECTOR BOYS & GIRLS CLUB - S.G. VALLEY	125.00	200.00		125.00 P 04	
Rcpt Dt: 09/24/2003	E. THORNTON IBBETSON	X IND COM OTH PTY SCC	EXECUTIVE UNION DEVELOPMENT CO. INC.	200.00			200.00 P 04	
Rcpt Dt: 09/23/2003	KENNY'S AUTO SERVICE	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00			250.00 P 04	
Rcpt Dt: 09/26/2003	LYLE MACKENZIE	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	JUDGE STATE OF CALIFORNIA	250.00	25	0.00	250.00 P 04	
Rcpt Dt: 09/26/2003 EUNICE FORESTER-David		X IND COM OTH PTY SCC	RETIRED .	125.00	12	5.00	125.00 P	
			SUBTOTAL	\$				
Amount red (Include al	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.) ceived this period - unitemized contributions of less				IN	ontributor D - Individual DM - Reci (other TH- Other TY - Politic	dual pient Committee er than PTY or SCC)	
	etary contributions received this period						Contributor Committee	

Type or print in ink.

SCHEDULE A

Monetary (Monetary Contributions Received		whole dollars.	Statement covers period		CALIFORNIA 460	
OFF INOTONIOTION	ON DEVERSE			through			13 / 39
NAME OF FILER	NS ON REVERSE					I.D. Nur	mber
	rvisor Don Knabe					12510)77
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: 09/25/2003	ELDA M. HEARREAN	X IND COM OTH PTY SCC	HOMEMAKER	300.00	30	0.00	300.00 P 04
Rcpt Dt: 08/28/2003	PINNACLE ADVISORS	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	50	0.00	500.00 P 04
Rcpt Dt: 08/28/2003	Robert Beck	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Beck and Browning	1000.00	100	00.00	1000.00 P 04
Rcpt Dt: 08/28/2003	Stephen Calhoun	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Commercial Realtor Collins Seeley International	1000.00	100	00.00	1000.00 P 0
Rcpt Dt: 08/28/2003	Kenneth Carey	X IND COM OTH PTY SCC	Realtor CB Richard Ellis	1000.00	100	00.00	1000.00 P
			SUBTOTAL	_\$			
Amount re- (Include all	A Summary ceived this period - contributions of \$100 or more Il Schedule A subtotals.)				III		
2. Amount re	ceived this period - unitemized contributions of le	ess than \$100	\$ -		- P	TH - Other TY - Politic	cal Party
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page	e, Column A, Line	1.) TOTAL \$.				Contributor Committee

3. Total monetary contributions received this period.

Type or print in ink. Amounts may be rounded

SCHEDULE A

Statement covers period

Monetary (onetary Contributions Received		ts may be rounded whole dollars.	Statement covers period		california 460	
SEE INSTR <mark>U</mark> CTION	S ON REVERSE			through		14 /	39
NAME OF FILER Re-Elect Super	visor Don Knabe					1.D. Number 1251077	
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 D CALENDAR YEA (JAN. 1 - DEC. 31	ATE P	ER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 08/28/2003	Bart Christensen	X IND COM OTH PTY SCC	Self Government Develement Services	1000.00	1000.	00	1000.00 P 04
Rcpt Dt: 08/28/2003	James Knapp	X IND COM OTH PTY SCC	Real Estate Investments The Brookhollow Group	1000.00	1000.	00	1000.00 P 04
Rcpt Dt: 08/28/2003	Norman La Caze	X IND COM OTH PTY SCC	Real Estate Developer La Caze Development	1000.00	1000.	00	1000.00 P 04
Rcpt Dt: 08/28/2003	Carole La Caze	X IND COM OTH PTY SCC	Homemaker	1000.00	1000	00	1000.00 P 0
Rcpt Dt: 08/28/2003	Maureen Moore	X IND COM OTH PTY SCC	Homemaker	1000.00	1000	.00	1000.00 P
			SUBTOTAL	. \$			
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)	than \$100	\$ _ \$ _		IND COM	I - Other - Political Pa	Committee an PTY or SCC)
3 Total mone	etary contributions received this period.				SCC	- Small Con	tributor Committ

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

SCHEDULE A

Monetary (Monetary Contributions Received		whole dollars.	from	ers periou	FORM 460	
SEE INSTRUCTION	IS ON DEVERSE			through			15 / 39
NAME OF FILER	NS ON REVERSE					I.D. Nun	nber
Re-Elect Super	visor Don Knabe					12510)77
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: 08/28/2003	International Union Of Operating Engineers Local # 12	IND COM OTH PTY SCC		1000.00	100	0.00	1000.00 P 04
Rcpt Dt: 08/28/2003	The Boeing Co	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00 P 04
Rcpt Dt: 08/28/2003	Hector Garcia	X IND COM OTH PTY SCC	Owner HSG Inc.	100.00	10	0.00	100.00 P 04
Rcpt Dt: 08/28/2003	Turelk General Building Contractors	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	00.00	500.00 P 04
Rcpt Dt: 08/26/2003	Stephen Silk	X IND COM OTH PTY SCC	Real Estate Broker Secured Capital Corp.	1000.00	100	00.00	1000.00 P
			SUBTOTAL	. \$,		
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 t				IN CO		
3. Total mone	etary contributions received this period. Solution 1 and 2. Enter here and on the Summary Page, Co				. P.	TY - Politic	al Party Contributor Committee

3. Total monetary contributions received this period.

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

SCHEDULE A

CALIFORNIA FORM

16/39

Statement covers period

from.

EE INSTRUCTIONS	S ON REVERSE			through		1	16 / 39
IAME OF FILER	visor Don Knabe					I.D. Num 12510	
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/17/2003	Luciano Barajas M.D.	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	250.00	250	.00	250.00 P 04
Rcpt Dt: 09/17/2003	M. Stephan Baranov	IND COM OTH PTY SCC	Administrator	250.00	250	.00	250.00 P 04
Rcpt Dt: 09/17/2003	Jo Anne Brasel M. D.	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	500.00	500	.00	500.00 P 0
Rcpt Dt: 09/17/2003	Mary Ellen Criley	X IND COM OTH PTY SCC	Retired	250.00	250	0.00	250.00 P 0
Rcpt Dt: 09/17/2003	Faculty Society Harbor-Ucla Medical Center	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		975.00	975	5.00	975.00 P
			SUBTOTAL	\$	1		
(Include all	A Summary eived this period - contributions of \$100 or more Schedule A subtotals.) eived this period - unitemized contributions of le				_ IND COI	ntributor - Individ M - Recip (other	dual pient Committee er than PTY or SCC)

SCC - Small Contributor Committee

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

SCHEDULE A

CALIFORNIA 160

Statement covers period

				from		FORM TYPE
SEE INSTRUCTION	NS ON REVERSE			through		17 / 39
NAME OF FILER Re-Elect Super	rvisor Don Knabe				. 1	.D. Number
			P	-		1251077
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31	R TO DATE
Rcpt Dt: 09/17/2003	Barbara Haney	IND COM OTH PTY SCC	Dir. of Community Development Social Vocational Services Inc.	300.00	300.0	300.00 P 04
Rcpt Dt: 09/17/2003	Adam Jonas M. D.	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief of Pediatrics Harbor-UCLA Medical Center	1000.00	1000.0	00 1000.00 P 04
Rcpt Dt: 09/17/2003	Jeanne Keegan		Homemaker	100.00	100.0	00 100.00 P 04
Rcpt Dt: 09/17/2003	B. Allen Lay		Retired	1000.00	1000.0	00 1000.00 P 04
Rcpt Dt: 09/17/2003	Richard Learned		Realtor 5th Street Partnership	300.00	300.0	00 300.00 P(
		0	SUBTOTAL	\$	i i	
Schedule A 1. Amount rec (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$		IND -	ributor Codes - Individual - Recipient Committee (other than PTY or SCC)
2. Amount red	ceived this period unitemized contributions of les	ss than \$100	\$			Other Political Party

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

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE A

CALIFORNIA

FORM

I.D. Number

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC

FPPC Form 460 (JUNE/01)

18 / 39

Statement covers period

from.

through

Re-Elect Super	visor Don Knabe				1251	077
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: 09/17/2003	Roger Lewis	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	250.00	250.00	250.00 P 04
Rcpt Dt: 09/17/2003	Keh-Ming Lin M. D.	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	400.00	400.00	400.00 P 04
Rcpt Dt: 09/17/2003	Ben Loughrin	X IND COM OTH PTY SCC	Public Relations The Loughrin Co.	100.00	100.00	100.00 P 04
Rcpt Dt: 09/17/2003	Charles McKay	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	500.00	500.00	500.00 P 0
Rcpt Dt: 09/17/2003	Olga Mohan M. D.	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	500.00	500.00	500.00 P
			SUBTOTAL	\$	1	•
1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$		*Contribute IND - Indi COM - Re (ot	vidual cipient Committee her than PTY or SCC)

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

3. Total monetary contributions received this period.

Type or print in ink. Amounts may be rounded SCHEDULE A

Statement covers period

Monetary (Contributions Received		whole dollars.	Statement covers period from		CALIFORNIA 46	
SEE INSTRUCTION	IS ON REVERSE			through		1	9 / 39
NAME OF FILER						I.D. Num	ber
Re-Elect Super	visor Don Knabe				4 1 1 1 1 1	12510	77
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 D CALENDAR YEA (JAN. 1 - DEC. 31	R	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/17/2003	Mack Buddy Oliver M. D.		CEO Medical Foundation Inc.	500.00	500.	00	500.00 P 04
Rcpt Dt: 09/17/2003	P. Pickles ID:	X IND COM OTH PTY SCC	Artist Self	250.00	250.	00	250.00 P 04
Rcpt Dt: 09/17/2003	Jacob Rajfer M. D.	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	500.00	500.	00	500.00 P 04
Rcpt Dt: 09/17/2003	Ronald Swerdloff M. D.	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	500.00	500	.00	500.00 P 0
Rcpt Dt: 09/17/2003	Kenneth Trevett	X IND COM OTH PTY SCC	President/CEO REI	500.00	500	.00	500.00 P
			SUBTOTAL	\$			
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				IND COM OTH	othe - Other	

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

SCC - Small Contributor Committee

PTY - Political Party

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

SCHEDULE A

CALIFORNIA 460

FPPC Form 460 (JUNE/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Statement covers period

				from		FORM
SEE INSTRUCTION	NS ON REVERSE			through		20 / 39
NAME OF FILER	rvisor Don Knabe					Number 51077
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/17/2003	Dr. Michael Yeaman	X IND COM OTH PTY SCC	Scientist	500.00	500.00	500.00 P 04
Rcpt Dt: 09/19/2003	Gunjit Sikand	IND COM OTH PTY SCC	Civil Engineer Sikand Engineering	250.00	250.00	250.00 P 04
Rcpt Dt: 09/22/2003	M. Brassard	X IND COM OTH PTY SCC	Owner Carpets For You	100.00	100.00	100.00 P 04
Rcpt Dt: 09/22/2003	Mary Buell	X IND COM OTH PTY SCC	Owner Robert Buell Equipment	125.00	125.00	125.00 P 04
Rcpt Dt: 09/22/2003	Rita Bingaman	X IND COM OTH PTY SCC	Homemaker	125.00	125.00	125.00 P
			SUBTOTAL	.\$,	
Amount red (Include all Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.) ceived this period - unitemized contributions of le etary contributions received this period.				IND - In COM - F (OTH - OI PTY - Po	Recipient Committee other than PTY or SCC)
(Add Lines	1 and 2. Enter here and on the Summary Page,	Column A, Line 1	1.) TOTAL \$ _			

Type or print in ink.

SCHEDULE A

Monetary (Monetary Contributions Received		whole dollars.	Statement cove	ers period	california 460	
SEE INSTRUCTION	NS ON REVERSE			through		2	1 / 39
NAME OF FILER	40 ON NEVEROL					I.D. Number	
Re-Elect Super	rvisor Don Knabe					12510	77
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 THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/23/2003	Robert Sonnenblick	X IND COM OTH PTY SCC	Owner Sonnenblick Holdings LLC	250.00	250.	00	250.00 P 04
Rcpt Dt: 09/23/2003	Robert Lee	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	125.00		100.00 P 04
Rcpt Dt: 09/23/2003	Arthur Levine Z006 Merino Parif	X IND COM OTH PTY SCC	Professor CSULB	125.00			125.00 P 04
Rept Dt: 09/23/2003	Bill Jones	X IND COM OTH PTY SCC	Retired	125.00	125	.00	125.00 P 04
Rcpt Dt: 09/23/2003	Marcia Hogie	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	125.00	125	.00	125.00 P
			SUBTOTAL	L \$	E		
Amount re (Include a	A Summary ceived this period - contributions of \$100 or mor Il Schedule A subtotals.)				IND	ntributor - Individ M - Recip (other	
	eceived this period - unitemized contributions of letary contributions received this period.	ess than \$100	φ			′ - Politic C- Small	al Party Contributor Committee

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

SCHEDULE A

Monetary Contributions Received		tributions Received Amounts may be rounded to whole dollars.		Statement cove	ers period	CALIFORNIA 460	
SEE INSTRUCTION	IS ON DEVEDSE			through			22 / 39
NAME OF FILER	40 ON NEVEROL	E				I.D. Number	
Re-Elect Super	visor Don Knabe .					12510	077
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 \(\) (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/23/2003	Barbara Rubick	X IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	25	50.00	250.00 P Q4
Rcpt Dt: 09/23/2003	Marilou Mirkovich	X IND COM OTH PTY SCC	Attorney Atkinson, Andelson	250.00	2	50.00	250.00 P 04
Rcpt Dt: 09/23/2003	David Frick	X IND COM OTH PTY SCC	Owner Curley's Cafe	250.00	2	50.00	250.00 P 04
Rcpt Dt: 09/24/2003	Michael Touhey	IND COM OTH PTY SCC	Pres/CEO The Michael Touhey Co.	125.00	1	25.00	125.00 P 04
Rcpt Dt: 09/24/2003	Doug Bombard	X IND COM OTH PTY SCC	CEO Catalina Express	250.00	2	50.00	250.00 P
			SUBTOTAL	_ \$			A STATE OF THE STA
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)				-	(oth	idual ipient Committee ner than PTY or SCC)
3 Total mone	ceived this period - unitemized contributions of lesetary contributions received this period.				- F	OTH - Other PTY - Polition SCC - Smal	
(Add Lines	s 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) IOIAL \$ _		-	500	00 F 460 / IIINE/01

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

SCHEDULE A

Statement covers period

Monetary Contributions Received		to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through			23 / 39
NAME OF FILER		C. 1911, C. 1924 C. Walandan and C. 1973	are of the statement of			I.D. Nur	mber
Re-Elect Supe	rvisor Don Knabe					12510	077
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: 09/24/2003	Nick Monios	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner N.M.A.C. Consulting	250.00	25	50.00	250.00 P 04
Rcpt Dt: 09/25/2003	Edward Layton	X IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	25	50.00	250.00 P 04
Rcpt Dt: 09/25/2003	Artesia Senior Center	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		125.00	125.00		125.00 P 04
Rcpt Dt: 09/25/2003	Ramona Senior Center	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	*	125.00	12	25.00	125.00 P 04
Rcpt Dt: 09/25/2003	Reynaud E. Moore & Associates, Inc.	IND COM SOTH PTY SCC		125.00	12	25.00	125.00 P
			SUBTOTAL	. \$	7		
1. Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)		\$ _		IN		
2. Amount red	ceived this period - unitemized contributions of le	ess than \$100	\$ _			TH- Other TY - Politic	±000000000000000000000000000000000000
	etary contributions received this period.	Column A Lino 1) TOTAL \$				Contributor Committee

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

SCHEDULE A

CALIFORNIA A CO

Statement covers period

•				from		FORM	400
SEE INSTRUCTION	NS ON REVERSE			through		24 /	39
NAME OF FILER	rvisor Don Knabe			1		I.D. Number	
· .	·	·		-		1251077	
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 DO CALENDAR YEAR (JAN. 1 - DEC. 31	R	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/25/2003	Martin Gibson	X IND COM OTH PTY SCC	Corp. Officer M. Gibson Enterprises	250.00	250.0	00	250.00 P 0
Rcpt Dt: 09/25/2003	Hall Ambulance Service Inc.	IND COM OTH PTY SCC		250.00	250.0)0	250.00 P 04
Rcpt Dt: 09/25/2003	Harriette Hirsch	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.0)0	250.00 P 0
Rcpt Dt: 09/26/2003	Whittier Area Parents Association For The Developm	IND entally Handina X OTH PTY SCC	ppte	250.00	250.0	00	250.00 P 0
Rcpt Dt: 09/27/2003	Univeral Care	IND COM OTH PTY SCC		250.00	250.0	00	250.00 F
			SUBTOTAL	\$			
Schedule A	A Summary				*Cont	ributor Code	90

- 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

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers perio		california 460 form	
SEE INSTRUCTION	IS ON DEVEDSE			through		2	25 / 39
NAME OF FILER	S ON REVERSE					I.D. Nur	mber
Re-Elect Super	visor Don Knabe					12510)77
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: 09/29/2003	Joel Kopple M D		Physician Harbor-UCLA Medical Center	50.00	17	75.00	175.00 P 04
Rcpt Dt: 09/29/2003	Joel Kopple M D		Physician Harbor-UCLA Medical Center	125.00	17	75.00	175.00 P 04
Rcpt Dt: 09/29/2003	R. Morin M D		Physician Harbor-UCLA Medical Center	100.00	10	00.00	100.00 P 04
Rcpt Dt: 09/29/2003	Rodney White	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Harbor-UCLA Medical Center	200.00	20	00.00	200.00 P 04
Rcpt Dt: 09/29/2003	Daniel Chudnovsky Aia, Architect, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	00.00	500.00 P C
			SUBTOTAL	\$			
(Include all	Summary elived this period - contributions of \$100 or more Schedule A subtotals.) elived this period - unitemized contributions of le				IN C		dual pient Committee er than PTY or SCC)

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

SCC - Small Contributor Committee

PTY - Political Party

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

SCHEDULE A

Statement covers period

Monetary (Monetary Contributions Received		Amounts may be rounded Statement cover to whole dollars.		from CALIFORM	
SEE INSTRUCTION	IS ON REVERSE			through		26 / 39
NAME OF FILER	visor Don Knabe				1.1	D. Number
Re-Elect Super	VISOI DOII KIIADE				1	251077
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
Rcpt Dt: 09/29/2003	Michael Gibson Esq.	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Greenberg, Fields & Whitcome LLC	1000.00	1000.0	
Rcpt Dt: 09/29/2003	Kate Greenberg	X IND COM OTH PTY SCC	CFO Endocare	1000.00	1000.0	0 1000.00 P 04
Rcpt Dt: 09/29/2003	Cornelius Hiebert	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant J. Massey Inc.	500.00	500.0	0 500.00 P 04
Rcpt Dt: 09/29/2003	Lucy Jao	X IND □ COM □ OTH □ PTY □ SCC	Banker Self	1000.00	1000.0	1000.00 P 04
Rcpt Dt: 09/29/2003	Joseph Juge Jr.	X IND COM OTH PTY SCC	Contractor Self	500.00	500.0	500.00 F
			SUBTOTAL	. \$	2 7 7	
Amount red (Include al Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.) ceived this period - unitemized contributions of le				IND - COM OTH-	ributor Codes Individual - Recipient Committee (other than PTY or SCC) Other Political Party Small Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			its may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460	
OFF MOTOMOTION	NO ON DEVEDEE			through			27 / 39
NAME OF FILER	NO ON REVERSE					I.D. Nur	mber
	rvisor Don Knabe					12510	077
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 \() (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/29/2003	William Lawton	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Money Manager James & Gable	500.00	50	00.00	500.00 P 94
Rcpt Dt: 09/29/2003	Scott Schuler College Hills England	X IND COM OTH PTY SCC	Property Management Self	500.00	5	00.00	500.00 P 04
Rcpt Dt: 09/29/2003	Gary Stokoe	X IND COM OTH PTY SCC	Director Rolling Hills Country Day School	500.00	5	00.00	500.00 P 04
Rcpt Dt: 09/29/2003	Derrick Takeuchi	IND COM OTH PTY SCC	Attorney Greenberg, Fields & Whitcombe	1000.00	10	00.00	1000.00 P 04
Rcpt Dt: 09/29/2003	The Equity Exchange	IND COM OTH PTY SCC		1000.00	10	00.00	1000.00 F
			SUBTOTAL	. \$			
Amount re (Include al	A Summary ceived this period - contributions of \$100 or more. Il Schedule A subtotals.)				. III		dual pient Committee er than PTY or SCC)
	ceived this period - unitemized contributions of less	than \$100	\$ _		F	PTY - Politic	cal Party
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line	1.) TOTAL \$ _			SCC - Small	Contributor Committee

SEE INSTRUCTIONS ON REVERSE

Re-Elect Supervisor Don Knabe

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

0	CH	-	DI	11	-	۸
-		-	ıн	- 31	-	H

Statement covers period	CALIFORNIA 460
through	28 / 39
	I.D. Number
	1251077

PER ELECTION CUMULATIVE TO DATE **AMOUNT** IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS TO DATE CALENDAR YEAR CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER DATE AND ZIP CODE OF CONTRIBUTOR (JAN. 1 - DEC. 31) (IF REQUIRED) CODE * PERIOD (IF SELF-EMPLOYED, ENTER NAME RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) 500.00 P 04 500.00 500.00 IND Rcpt Dt: 09/29/2003 Timothy Good & Company COM X OTH PTY ☐ scc 500.00 P 04 500.00 500.00 IND Rcpt Dt: 09/29/2003 COM Whitewater Energy Corp. X OTH PTY SCC 150.00 P 04 150.00 150.00 X IND Physician Rcpt Dt: 09/29/2003 COM Sharon Adler MD OTH Harbor-UCLA Medical Cent-PTY SCC 100.00 P 04 100.00 100.00 X IND Administrator Rcpt Dt: 09/29/2003 COM Ashley Baker OTH REI PTY SCC 250.00 F 250.00 250.00 X IND Physician Rcpt Dt: 09/29/2003 COM Arnold Bayer M D OTH Harbor-UCLA Medical Cent-PTY SCC **SUBTOTAL \$**

Schedul	e	A	Summary	1
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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.

 (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. Amounts may be rounded

SCH		

Monetary Contributions Received			whole dollars.	Statement cov	ers period	CALIF	ORNIA 460
				through		29 / 39	
NAME OF FILER Re-Elect Superviso	r Don Knabe					1.D. Nu	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE		PER ELECTION

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: 09/29/2003	Matthew Budoff Colonia Bank	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Harbor-UCLA Medical Center	100.00	100.00	100.00 P 04
Rcpt Dt: 09/29/2003	Mary Casaburi M D	X IND □ COM □ OTH □ PTY □ SCC	Physician Harbor-UCLA Medical Center	200.00	200.00	200.00 P 04
Rcpt Dt: 09/29/2003	Rowan Chlebowski M D	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	250.00	250.00	250.00 P 04
Rcpt Dt: 09/29/2003	Judith Daar Esq.	IND COM OTH PTY SCC	Attorney Whittier School of Law	250.00	250.00	250.00. P 04
Rcpt Dt: 09/29/2003	George Emmanouilides M D		Retired	100.00	100.00	100.00 F
	1.171		SUBTOTAL	\$		

Sched	lule	AS	umm	ary
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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

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

SCHEDULE A

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

Statement covers period

Monetary Contributions Received			whole dollars.	Statement covers period		california 460	
SEE INSTRUCTION	NIC ON DEVEDSE			through			30 / 39
NAME OF FILER	NO ON REVERSE					I.D. Nur	mber
Re-Elect Supe	rvisor Don Knabe					12510	077
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 THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/29/2003	Sharon Guthrie	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Volunteer	100.00	1	00.00	100.00 P 04
Rept Dt: 09/29/2003	Iraj Khalkhali M D	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Harbor-UCLA Medical Center	100.00	1	00.00	100.00 P 04
Rcpt Dt: 09/29/2003	Rosemary Leake	X IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	1	00.00	100.00 P 04
Rcpt Dt: 09/29/2003	Wai Nang Lee M D	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	100.00	1	00.00	100.00 P 04
Rcpt Dt: 09/29/2003	Michael Liebling M D	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	250.00	2	250.00	250.00 F
			SUBTOTAL	\$			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Amount re- (Include all	A Summary ceived this period - contributions of \$100 or more Il Schedule A subtotals.)		\$ _		- 1	(oth	idual ipient Committee er than PTY or SCC)
2. Amount re	ceived this period - unitemized contributions of le	ess than \$100	\$ _		-	OTH - Other PTY - Politic	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page	e, Column A, Line	1.) TOTAL \$ _			SCC - Small	Contributor Committee

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

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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from through		CALIFORNIA 460 31 / 39 I.D. Number		
								SEE INSTRUCTIONS ON REVERSE NAME OF FILER
Re-Elect Super	rvisor Don Knabe							1251077
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: 09/29/2003	H. Mc Intyre M D	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Harbor-UCLA Medical Center	250.00	250.00		250.00 P 04	
Rcpt Dt: 09/29/2003	John Mcdonald M D	X IND □ COM □ OTH □ PTY □ SCC	Physician Harbor-UCLA Medical Center	200.00	200.00		200.00 P 04	
Rcpt Dt: 09/29/2003	C. Mehringer M D	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Harbor-UCLA Medical Center	200.00	200.00		200.00 P 04	
Rcpt Dt: 09/29/2003	Usha Raj M D	IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	200.00	200.00		200.00 P 04	
Rcpt Dt: 09/29/2003	Michael Ross M D	X IND COM OTH PTY SCC	Physician Harbor-UCLA Medical Center	250.00	250	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 \$ \$						*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH- Other		
3. Total mone	ceived this period - unitemized contributions of le etary contributions received this period.				PTY	/ - Politic	al Party Contributor Committee	

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

SCHEDULE A

Statement covers period

Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA 460 FORM 32 / 39	
NAME OF FILER	IS ON REVERSE						
	visor Don Knabe					125107	77
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: 09/29/2003	Jay Schoenau CA 01030-17		CFO REI	250.00	250.00		250.00 P 04
Rcpt Dt: 09/29/2003	William Stringer M D	X IND □ COM □ OTH □ PTY □ SCC	Physician Harbor-UCLA Medical Center	200.00	200.00		200.00 P 04
Rcpt Dt: 09/29/2003	Kouichi Tanaka M D	X IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.00		250.00 P 04
Rcpt Dt: 09/29/2003	Joel Ward M D	IND □ COM □ OTH □ PTY □ SCC	Physician Harbor-UCLA Medical Center	100.00	100.00		100.00 P 04
Rcpt Dt: 09/29/2003	Milford Wyman M D	X IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	200	0.00	200.00 F
			SUBTOTAL	\$ 57750.00	1		
Amount red (Include al Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.) ceived this period - unitemized contributions of le etary contributions received this period.				OT PT	(other H - Other Y - Politica	ual ient Committee r than PTY or SCC)
(Add Lines	s 1 and 2. Enter here and on the Summary Page,	Column A, Line	1.) TOTAL \$			FPPC	Form 460 (JUNE/01) pline: 866/ASK-FPPC