

**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

**PRIMARY  
3<sup>rd</sup> FILING  
ORIGINAL**

COVER PAGE

Date Stamp LOS ANGELES COUNTY 4 2004 JUL 29 AM 11:08 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA 2001/02 FORM <b>460</b>
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	For Official Use Only 007069 XC05A57

Statement covers period  
 from 02/15/2004  
 through 06/30/2004

Effective date if applicable:  
 (Month, Day, Year)  
03/02/2004

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Primary Formed            |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Controlled                |
| (Also Complete Part 5.)  | <input type="checkbox"/> Sponsored                 |
| <input type="checkbox"/> General Purpose Committee                               | (Also Complete Part 6.)                            |
| <input type="checkbox"/> Sponsored   | <input type="checkbox"/> Primary Formed Candidate/ |
| <input type="checkbox"/> Small Contributor Committee                             | Officeholder Committee                             |
| <input type="checkbox"/> Political Party/Central Committee                       | (Also Complete Part 7.)                            |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement      |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report  |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below)        | Statement - Attach Form 4                         |

**3. Committee Information**

I.D. NUMBER  
990212

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Supervisor Don Knabe Attorney Fees Fund

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Waldo Arballo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07-11-04 By Waldo Arballo  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Re-Elect Supervisor Don Knabe	I.D. NUMBER 1251077
NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS    STREET ADDRESS (NO P.O.BOX)	
CITY    STATE    ZIP CODE    AREA CODE/PHONE	

COMMITTEE NAME Knabe for Supervisor, Inc.	I.D. NUMBER 943734
NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS    STREET ADDRESS (NO P.O.BOX)	
CITY    STATE    ZIP CODE    AREA CODE/PHONE	

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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**5. Officeholder or Candidate Controlled Committee**

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME Supervisor Don Knabe Officeholder Account	I.D. NUMBER 970512		
NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS 1600 31st St	STREET ADDRESS (NO P.O.BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE