Schedule E Payments Made	Amor	/pe or print in ink. unts may be rounded o whole dollars.	Statement covers perio	california 460
SEE INSTRUCTIONS ON REVERSE	· 		through	52 / 67
NAME OF FILER Supervisor Don Knabe Officeholder Account				I.D. NUMBER 970512
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  NAME AND ADDRESS OF PAYEE OR CREDITOR	MBR member commeetings and office experience of petition cir PHO phone ban polling and postage, d	ommunications and appearances enses culating	RAD radio airtime and pr RFD returned contributio SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, loc TRS staff/spouse travel, ices TSF transfer between or	oduction costs ons salaries and production costs dging, and meals lodging, and meals committees of the same candidate/sponsor
(IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VISA	ID:	Gifts Co	onsituents	396.70
60th Assembly District Central Committee	ID:	cvc	· · · · · · · · · · · · · · · · · · ·	250.00
DALMATION CLUB	ID:	cvc		108.00
* Payments that are contributions or independent expenditures must a	iso be summarized (	on Schedule D.		SUBTOTAL \$

**......\$** 

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

2. Uniternized payments made this period of under \$100.

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

67783.68

67897.03

113.35

0.00

		There's an areful for to be				SCHEDULE E			
Schedule E Payments Made		Type or print in ink. Amounts may be rounded to whole dollars.				tatement covers per	224	ORNIA ACO	
rayments made						·	FO	RM TOO	
SEE INSTRUCTIONS ON REVERSE					thro	ugh	5	3 / 67	
NAME OF FILER							I.D. NUN	IBER	
Supervisor Don Knabe Officeholder Account							970512	,	
CODES: If one of the following codes accurately describes	the payn	nent, you m	nay enter	the code. Other	rwise, descri	be the payment.			
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POS PRO	office expens petition circu phone banks polling and s postage, deli professional	d appearanceses lating urvey resear	es	RF SA TE TF TF TS VC	L campaign workers L t.v. or cable airtime C candidate travel, le S staff/spouse trave	ions s' salaries e and production co- odging, and meals l, lodging, and meals committees of the sa	s me candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID	
LONG BEACH AREA REPUBLICAN PARTY	ID:		cvc					100.00	
Wrwf	· ID:		cvc	Fundraiser Tid	ckets			400.00	
Renaissance Esmeralda Resort	IĎ:		OFC					1404.30	
* Payments that are contributions or independent expenditures must	also be su	mmarized on	Schedule I	D.			SUBTOTAL	<u> </u>	
Schedule E Summary					<del>-</del>				
1. Payments made this period of \$100 or more. (Include all	Schedu	le E subtota	als.)				\$ _		
2. Uniternized payments made this period of under \$100.							\$ <u>_</u>	· .	
3. Total interest paid this period on loans. (Enter amount fro	om Sche								
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter he	ere and on	the Sumr	nary Page, Colເ	umn A, Line (	S.)	TOTAL \$ _		

	•				SCHEDULE E
Schedule E		Γype or print in iι ounts may be roι		Statement covers period	CALIFORNIA 460
Payments Made		to whole dollars		from	FORM 40U
SEE INSTRUCTIONS ON REVERSE				through	_ 54 / 67
NAME OF FILER				<del></del>	I.D. NUMBER
Supervisor Don Knabe Officeholder Account					070540
	<del></del>				970512
CODES: If one of the following codes accurate	ely describes the payment, yo	u may enter th	ne code. Otherwise	, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others LEG legal defense	MTG meetings OFC office ex PET petition of PHO phone be POL polling a (explain)* POS postage, PRO profession	circulating anks nd survey research delivery and meso onal services (lega	h senger services	VOT voter registration	ies production costs , and meals ng, and meals ttees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	<del>-</del>		WEB information technology of	osts (internet, email)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUM		CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
<del></del>			Gifts Constituents		1435.15
VISA	ID:				1 100.10
		TRC	,		1247.80
AMERICAN EXPRESS	ID:	1 IKC			1247.00
•					
	<del></del>	0)(0			409.00
DALMATION CLUB	ID:	cvc			108.00
		· · ·			
* Payments that are contributions or independent expe	nditures must also be summarized	d on Schedule D.		Si	UBTOTAL \$
<del></del>				<del></del>	
Schedule E Summary					
1. Payments made this period of \$100 or more	. (Include all Schedule E sub	ototals.)			\$
2. Unitemized payments made this period of ur	nder \$100				\$ <u>-</u>
3. Total interest paid this period on loans. (Ent				***************************************	
4. Total payments made this period. (Add lines			. , ,		
4. Total payments made this period. (Add lines	o i, z, anu o. Linte nele anu	on the Summi	ary rage, column r	τ, Επιο σ./ I	VINE #

Only and the P	T.,		lt.	SCHE			
Schedule E		pe or print in i Ints may be ro		Statement covers period	CALIFORNIA 460		
Payments Made	· t	o whole dollar	S.	from	FORM 400		
SEE INSTRUCTIONS ON REVERSE	Au			through	55 / 67		
NAME OF FILER					I.D. NUMBER		
Supervisor Don Knabe Officeholder Account					970512		
CODES: If one of the following codes accurately describes	the payment, you	may enter th	he code. Otherwise,	describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office experience PET petition cir PHO phone ban POL polling and POS postage, d	and appearance enses culating iks d survey researd	ch ssenger services	RAD radio airtime and productions RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging TSF transfer between committ VOT voter registration WEB information technology or	es roduction costs and meals ag, and meals lees of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	<b>L</b>	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID		
International City Theater	ID:		Staff Holiday Party		1500.00		
Us Postmaster	ID:	POS			2035.00		
GAIL LEGROS	ID:		Reimb. Octoberfest	Ехр.	696.47		
* Payments that are contributions or independent expenditures must	also be summarized (	on Schedule D	<u> </u>	SL	IBTOTAL \$		
Schedule E Summary	<u> </u>						
Payments made this period of \$100 or more. (Include all period of \$100 or more).	II Schedule E subt	otals.)			\$		
2. Unitemized payments made this period of under \$100.					\$		
Total interest paid this period on loans. (Enter amount from the second of the se							
4. Total payments made this period. (Add lines 1, 2, and 3	. ∟nter nere and o	n the Summ	iary Page, Column A	Line 5.} To	JIAL \$		

Oalaadada E	Tu	no or print in	int.		SCHEDULE E
Schedule E	Amou	pe or print in Ints may be ro o whole dollar	ounded	Statement covers period	CALIFORNIA 460
Payments Made	from	FORM 40U			
SEE INSTRUCTIONS ON REVERSE				through	56 / 67
NAME OF FILER					I.D. NUMBER
Supervisor Don Knabe Officeholder Account	<u> </u>				970512
CODES: If one of the following codes accurately de	scribes the payment, you	may enter t	he code. Otherwise,	describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain legal defense LIT campaign literature and mailings	MTG meetings a OFC office expe PET petition cir PHO phone ban POL polling and n)* POS postage, d	culating ks I survey researd elivery and mes	es	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and product TRC candidate travel, lodging, TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of	es production costs and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	REDITOR	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	ID:	PRO	Accounting software	e rental	400.00
Waldo Arballo	ID:	PRO	Treasurer Services	Sept 04	505.56
American Heart Association	ID:	cvc			100.00
Payments that are contributions or independent expenditure.	es must also be summarized o	on Schedule D	_ <u> </u> 	SI	JBTOTAL \$
Schedule E Summary			<del>-</del>		
1. Payments made this period of \$100 or more. (Inc.	lude all Schedule E subto	otals.)			\$
2. Unitemized payments made this period of under \$		-			
3. Total interest paid this period on loans. (Enter an					
4. Total payments made this period. (Add lines 1, 2	and 3. Enter here and o	n the Summ	nary Page, Column <i>A</i>	A, Line 6.) T	OTAL \$

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Sta from _	atement covers period		ORNIA 460	
SEE INSTRUCTIONS ON REVERSE					throug	jh	_   5	57 / 67
NAME OF FILER					•		I.D. NUN	MBER
Supervisor Don Knabe Officeholder Account						·	97051	2
CODES: If one of the following codes accurately describes t	the payr	nent, you m	nay enter t	he code. Othe	erwise, describ	e the payment.		,
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL	petition circu phone banks polling and s postage, deli professional	d appearance ses lating urvey resear very and me	<b>28</b>	RFD SAL TEL TRO TRS TSF VOT	radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration	ies production co , and meals ing, and meal ttees of the sa	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
CALIFORNIA FLORAL CO.	ID:			Flowers Con	stituents			155.73
DALMATION CLUB	ID:	٠.	cvc					108.00
LOS ANGELES COUNTY LINCOLN CLUBS	ID:		cvc				, <b>4</b> -	1000.00
* Payments that are contributions or independent expenditures must a	lso be su	mmarized on	Schedule [	).	<del></del>	S	UBTOTAL	\$
Schedule E Summary		<del></del>			_	<del></del>		
Payments made this period of \$100 or more. (Include all	Schedu	le E subtot	als.)				<b>\$</b> _	
Unitemized payments made this period of under \$100.	<b></b>		-				_	

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded∞ to whole dollars.			Statement covers period		ORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	· · · · · · · · · · · · · · · · · · ·	5	8 / 67
NAME OF FILER Supervisor Don Knabe Officeholder Account						I.D. NUN	
CODES: If one of the following codes accurately describes	the payment,	you may enter th	e code. Other	wise, describe	the payment.	970512	2
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meeti OFC office PET petitic PHO phone POL pollin POS posta	er communications ngs and appearanced expenses n circulating banks g and survey researc ge, delivery and mess esional services (legands	h senger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and produ returned contributions campaign workers' sali t.v. or cable airtime and candidate travel, lodgir staff/spouse travel, lod transfer between community voter registration information technology	aries d production coang, and meals lging, and meals mittees of the sa	s me candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF		,	AMOUNT PAID
Nordbak's Promotional Materials	ID:	FND	Octoberfest In	vitations			5975.40
VISA	ID:		Republican Co	onvention	,	-	962.94
Roger Douglass	ID:	FND	Entertainment	Oktoberfest			2600.00
* Payments that are contributions or Independent expenditures must a	ilso be summari	ed on Schedule D.				SUBTOTAL \$	

## 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

to	nts may be rounded whole dollars.	Statement covers period	FORM 460
		through	59 / 67
			I.D. NUMBER 970512
MBR member co MTG meetings al OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating ts survey research elivery and messenger services	RAD radio airtime and productions RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and productions TRC candidate travel, lodging, staff/spouse travel, lodging	es roduction costs and meals ig, and meals ees of the same candidate/sponsor
R	CODE OR		AMOUNT PAID
ID:	FND Centerpieces O	ktoberfest	1237.40
ID:	PRO Software Lease		400.00
ID: .	FND		14849.19
	MBR member co MTG meetings at office exper PET petition circ phone bank POL polling and POS professions PRT print ads  ID:	MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO print ads  R  CODE OR  ID:  PRO Centerpieces O  FND Software Lease	s the payment, you may enter the code. Otherwise, describe the payment.  MBR member communications RAD radio airtime and productions meetings and appearances RFD returned contributions office expenses SAL campaign workers' salarie petition circulating TEL t.v. or cable airtime and productions office expenses SAL campaign workers' salarie petition circulating TEL t.v. or cable airtime and productions office expenses SAL campaign workers' salarie petition circulating TEL t.v. or cable airtime and productions of the campaign workers' salarie salarie petition of policy policy and survey research TRC candidate travel, lodging, policy policy and messenger services TSF transfer between committed professional services (legal, accounting) VOT voter registration well information technology countries of the payment.  R CODE OR DESCRIPTION OF PAYMENT  ID: PRO Software Lease

Schedule E Summary

Schedule E Payments Made Type or print in lnk. Amounts may be rounded to whole dollars.				Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through	_ 60 / 67
NAME OF FILER Supervisor Don Knabe Officeholder Account					I.D. NUMBER
——————————————————————————————————————					970512
CODES: If one of the following codes accurately describes	the payment, you r	nay enter th	e code. Otherwise,	describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	nd appearances nses ulating s survey researcl	n senger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and product TRC candidate travel, lodging, TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology or	ies production costs , and meals ng, and meals ttees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA FLORAL CO.	ID:		Flowers Constituent	s	302.84
Nordbak's Promotional Materials	ID:	FND	Oktoberfest Glasses	3	3254.64
Ramona Garrett	ID:	FND	Octoberfest Centerp	pieces	358.75
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D.		SI	UBTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$
2. Unitemized payments made this period of under \$100.					\$
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Pa	rt 1, Colum	n (e).)		\$

Schedule E Payments Made			Amount	e or print in i is may be ro whole dollar	unded	Statement covers period	CALIFORNIA 460
SEE IN	ISTRUCTIONS ON REVERSE					through	_ 61 / 67
,	OF FILER						I.D. NUMBER
Supe	rvisor Don Knabe Officeholder Account						970512
COD	ES: If one of the following codes accurately describes the	he payr	ment, you m	ay enter th	ne code. Otherv	vise, describe the payment.	
CMP CNS CTB CVC FIL FND IND LEG LIT	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS PRO PRT	office expens petition circul phone banks polling and si postage, deli- professional	d appearance ses lating urvey researd very and mes		RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and Candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of	ries production costs , and meals ing, and meals ttees of the same candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	GAIL LEGROS	ID:			Octoberfest Ex	pns	374.43
	···			FND			6468.43
	THE QUEEN MARY	ID:		1140			0400.43
	VISA	ID:		TRC			3937.19
Pay	ments that are contributions or independent expenditures must al	so be su	ımmarized on	Schedule D		S	UBTOTAL \$
	nedule E Summary		do E outtet				•
	ayments made this period of \$100 or more. (Include all \$ Initemized payments made this period of under \$100.						
	otal interest paid this period on loans. (Enter amount from					,	

Schedule E Payments Made		Type or print in ini Amounts may be rou to whole dollars.	nded	Statement covers period from	california 460
SEE INSTRUCTIONS ON REVERSE				through	62 / 67
NAME OF FILER					I.D. NUMBER
Supervisor Don Knabe Officeholder Account		_			970512
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  Waldo Arballo	MBR men MTG mee OFC offic PET petit PHO phor POL pollii POS post	ber communications ings and appearances expenses on circulating e banks g and survey research age, delivery and messe ssional services (legal, ads	enger services accounting)	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and p TRC candidate travel, lodging TRS staff/spouse travel, lodging	ies production costs , and meals ing, and meals ttees of the same candidate/sponso
		_	·		
CALIFORNIA FLORAL CO.	ID:		Flowers Constulents		306.08
CompleteCampaigns.com	ID:	PRO	Software Lease		400.00
* Payments that are contributions or independent expenditures must als	so be summa	zed on Schedule D.		SI	UBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

2. Unitemized payments made this period of under \$100.

\$ \_\_\_\_\_

Schedule	E
<b>Payments</b>	Made

Type or print in ink.
Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 100
through	63 / 67
	I.D. NUMBER

to whole dollars.		from		FURM TOU				
SEE INSTRUCTIONS ON REVERSE					through	1	6	3 / 67
NAME OF FILER							I.D. NUN	MBER
Supervisor Don Knabe Officeholder Account							970512	2
CODES: If one of the following codes accurately describes	the payr	nent, you m	nay enter	the code. Otherwise,	describe	the payment.		
P campaign paraphernalia/misc. S campaign consultants C contribution (explain nonmonetary)* C civic donations C candidate filing/ballot fees D fundraising events D independent expenditure supporting/opposing others (explain)* D legal defense C campaign paraphernalia/misc. MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger selegal defense PRO professional services (legal, account print ads				es ch ssenger services	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, email)			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR DESC	CRIPTION O	F PAYMENT		AMOUNT PAID
VISA	ID:		OFC	Visa Bill				180.50
Waldo Arballo	ID:		PRO	Treas. Fee 11-04				504.05
Waldo Arballo	ID:		PRO	Treasurer Fees, Dec	c. 2004			502.04
* Payments that are contributions or independent expenditures must a	also be su	mmarized on	Schedule 1	).	·	su	BTOTAL S	<u> </u>
Schedule E Summary								<del> </del>
1. Payments made this period of \$100 or more. (Include all	Schedu	le E subtota	als.)				\$ _	
2. Unitemized payments made this period of under \$100.							<b>\$</b> _	
3. Total interest paid this period on loans. (Enter amount fro	om Sche	dule B, Par	t 1, Colur	nn (e).)			\$ _	

Schedule E  Payments Made  Type or print in ink.  Amounts may be rounded to whole dollars.		nts may be rounded	Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through	64 / 67	
NAME OF FILER Supervisor Don Knabe Officeholder Account				I.D. NUMBER	
CODES: If one of the following codes accurately describes	s the payment, you	may enter the code. Oth	nerwise, describe the payment.	970512	
CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commetings a OFC office experiment petition circle phone bank POL polling and POS postage, de PRO professions PRT print ads	nd appearances nses culating ks	RAD radio airtime and product returned contributions SAL campaign workers' salated t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between committee voter registration WEB information technology of the salar production in the salar production	ries production costs g, and meals ling, and meals ittees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Sandy Garcia	iD:	Music-oath	ceremony	200.00	
GAIL LEGROS	ID:	OFC Reimburser	ment	1976.21	
CALIFORNIA FLORAL CO.	ID:	Flowers Co	nstituients	114.64	
* Payments that are contributions or independent expenditures must	also be summarized o	on Schedule D.		UBTOTAL \$	

**Schedule E Summary** 

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

<b>.</b>				SCHEDULE			
Schedule E Payments Made	Amoun	e or print in in its may be rou whole dollars.	nded ·	Statement covers period	CALIFORNIA 46		
	10	to whole dollars.		from			
SEE INSTRUCTIONS ON REVERSE	<u> </u>			through	65 / 67		
NAME OF FILER Supervisor Don Knabe Officeholder Account					I.D. NUMBER		
					970512		
CODES: If one of the following codes accurately describes	the payment, you n	nay enter the	e code. Otherwise,	describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office expen PET petition circu PHO phone banks	d appearances ses ulating s survey research livery and mess	enger services	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime an TRC candidate travel, lodgi TRS staff/spouse travel, lor TSF transfer between com VOT voter registration WEB information technologi	s alaries nd production costs ing, and meals dging, and meals imittees of the same candidate/spor	nsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT	AMOUNT PA	/ID	
Nordbak's Promotional Materials	ID:	OFC	Xmas Cards		5942	2.85	
SCTC Marine Biology Ed Scholarship Fund	ID:	cvc	Memory of Thornton	n Ibbetson	100	).00	
Smooth's Sports Grill	ID:	MTG	Staff Xmas Party		2814	l.16	
* Payments that are contributions or independent expenditures must	also be summarized on	Schedule D.	<u> </u>	<u>.                                    </u>	SUBTOTAL \$		
Cahadula F Cummana	· · · · · ·						
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	i Schedule E subtot	als.)			\$		

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

.....\$ \_\_\_\_\_

......\$ \_\_\_\_\_

			SCHEDULE			
Schedule E Type or print in lnk. Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through	66 / 67		
NAME OF FILER			anough	I.D. NUMBER		
Supervisor Don Knabe Officeholder Account				970512		
CODES: If one of the following codes accurately describes	the payment, you	may enter the code. Other	wise, describe the payment.	010012		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, de	nd appearances nses culating	RAD radio airtime and product returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and product candidate travel, lodging. TRS staff/spouse travel, lodging transfer between commit vot voter registration WEB information technology or	les production costs , and meals ng, and meals ttees of the same candidate/sponso		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
VISA	ID:	Gifts staff		118.16		
VISA	ID:	Gifts staff		800.00		
	ID:	Luncheons		235.51		
* Payments that are contributions or independent expenditures must	ulso be summarized o	n Schedule D.	SI	JBTOTAL \$		

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

ş\_\_\_\_\_\_\_\_\_\_

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

## Schedule E

## Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM E O O
through	67 / 67
	I.D. NUMBER

ayillelits wave to whole dollars.		from	FOR	FORM TOU		
SEE INSTRUCTIONS ON REVERSE				through	67	7 67
NAME OF FILER					I.D. NUME	BER
Supervisor Don Knabe Officeholder Account					970512	
CODES: If one of the following codes accurately describes	the payment, you n	nay enter the	e code. Otherwise,	describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	d appearances ses llating s urvey research ivery and mess	enger services	RAD radio airtime and property returned contribution SAL campalgn workers' TEL t.v. or cable airtime TRC candidate travel, loo staff/spouse travel, TSF transfer between convolution voter registration WEB information technol	ons salaries and production cost dging, and meals lodging, and meals ommittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID
VISA	ID:		Gifts staff		-	190.00
VISA	ID:		Lunch after Oath			118.56
Wellness Community	ID:	cvc	Memory of Barry Nic	dorf		100.00
* Payments that are contributions or independent expenditures must	also be summarized on	Schedule D.		<del></del>	SUBTOTAL \$	67783.68
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include al	l Schedule E subtota	als.) .			\$	· 
2. Unitemized payments made this period of under \$100.					\$	
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pai	t 1, Column	ı (e).)		\$	