

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

Type or print in ink.

Date Stamp RECEIVED BY 4 LOS ANGELES COUNTY 2006 JAN 30 PM 1:04 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA 2001/02 FORM <b>460</b>
	1 / 6 For Official Use Only

Statement covers period  
 from 07/01/2005  
 through 12/31/2005

Date of election if applicable:  
 (Month, Day, Year)

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 checked="" 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/<br>Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee                             | (Also Complete Part 7.)  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**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<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
943734

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Knabe for Supervisor, Inc.

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Waldo Arballo

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1-13-06 By Waldo Arballo  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-27-06 By [Signature]  
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

**Recipient Committee  
Campaign Statement  
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Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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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
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NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME Supervisor Don Knabe Attorney Fees Fund	I.D. NUMBER 990212
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NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Type or print in ink.

COVER PAGE - PART 2

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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	STREET ADDRESS (NO P.O.BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE