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

SCHEDULE E Statement covers period **CALIFORNIA FORM** 7/21 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Supervisor Don Knabe Officeholder Account 970512

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP CNS	campaign paraphernalia/misc. campaign consultants		member com		-	RAD RFD	radio airtime and production costs returned contributions	
СТВ	contribution (explain nonmonetary)*	OFC	office expens	es		SAL	campaign workers' salaries	
	civic donations	PET	petition circu	lating		TEL	t.v. or cable airtime and production cos	sts
FIL	candidate filing/ballot fees	PHO	phone banks				candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	urvey resea	rch	TRS	staff/spouse travel, lodging, and meals	3
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and me	essenger services	TSF	transfer between committees of the sa	me candidate/sponsor
LEG	legal defense	PRO	professional	services (le	gal, accounting)	VOT	voter registration	•
<u>LIT</u>	campaign literature and mailings	PRT	print ads			WEB	information technology costs (internet,	email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	P PAYMENT	AMOUNT PAID
	Nordbak's Promotional Materials	ID:			Holiday Cards			7058.44

NAME AND ADDRESS OF PAYEE OR ((IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CREDITOR	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Nordbak's Promotional Materials	ID:		Holiday Cards	7058.44
Papadakis Tavern	ID:	 	4th District Holiday Dinner	4509.00
Waldo Arballo	ID:	PRO	Treasurer Services 12-05	503.58
			·	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ _	29813.53
2. Unitemized payments made this period of under \$100.	\$_	140.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$_	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	29953.53

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

· · · · · · · · · · · · · · · · · · ·	SCHEDULE B
Statement covers period	CALIFORNIA ACO
from 01-01-06	FORM 460
through <u>06-30-06</u>	8 / 21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Supervisor Don Knabe Officeholder Account				970512
CODES: If one of the following codes accurately describes t	he 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 (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings OFC office ex PET petition of PHO phone be POL polling al POS postage,	irculating anks nd survey researc delivery and mesonal services (lega	SAL campaign work TEL t.v. or cable air TRC candidate trave th TRS staff/spouse transfer between senger services TSF transfer between al, accounting) VOT voter registration	butions xers' salaries time and production costs el, lodging, and meals avel, lodging, and meals en committees 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:		Holiday Stamps/Luncheon	711.70
CALIFORNIA FLORAL CO.	ID:		Flowers Constituents	637.17
CompleteCampaigns.com	ID:	PRO	Software Lease 02-06	400.00
* Payments that are contributions or independent expenditures must a	lso be summarized	d on Schedule D		SUBTOTAL \$
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 under \$100.				\$ <u></u>
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B,	Part 1, Colum	ın (e).)	\$ <u></u>
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and	on the Summ	ary Page, Column A, Line 6.)	TOTAL \$

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

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from 01-01-06	FORM 460
through <u>66-30-06</u>	9 / 21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

1.D. NUMBER

970512

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals POL POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, email) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 132.00 CVC Dues DALMATION CLUB ID: CNS Senior staff retreat 2200.00 **Englander And Associates** ID: 325.00 Tournament of Roses tickets Pasadena Tournament Of Roses ID: Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** Schedule E Summary 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).)

CMP campaign paraphernalia/misc.

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 0/-0/-06

through 06-30-06

10/21

I.D. NUMBER

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

10 / 21

I.D. NUMBER

970512

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS CTB CVC FIL FND IND LEG LIT	contribution (explain nonmonetary)*	n)* POS postage, o	enses culating	h senger services	SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and m TRS staff/spouse travel, lodging, and TSF transfer between committees of VOT voter registration WEB information technology costs (in	eals I meals the same candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR CF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	REDITOR	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
-	VERIZON	ID:		Telephone		33.52
	VISA	ID:		Holiday gifts,	Airline Ticket to D. C.	541.59
	Waldo Arballo	ID:	PRO	Treasurer Ser	vices 01-06	525.70
				<u> </u>		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SU	B1	O	ΓΑΙ	_ \$

Sc	h	ed	ψl	е	Ε	Sι	ım	ım	nary	1
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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, Colum	ın (e).)\$	
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summ	nary Page, Column A, Line 6.) TOTAL \$	

Schedule	E
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA ACO
from 01-06	FORM 40U
through <u>6-30-06</u>	11 / 21
	10 40000

SEE INSTRUCTIONS ON REVERSE		through <u>6-36-06</u>	11 / 21
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 the code. Otherwise, describe the payment.

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	postage, deliv	d appearances ses lating urvey research very and mess		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	luction costs d meals and meals s of the same candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR CREDIT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OR		CODE C	DR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
	CompleteCampaigns.com	ID:		PRO	Software Lea	se 03-06	400.00
	VERIZON	ID:			Telephone		33.68
	Waldo Arballo	ID:		PRO	Treasurer Se	ervices 02-06	520.23
						OUD.	

'Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SU	ВТ	01	ΓAL	\$
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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, Colum	nn (e).)\$	
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summ	nary Page, Column A, Line 6.)	

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from 01-06	FORM 40U
through <u>06-30-06</u>	12 / 21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

12 / 21

I.D. NUMBER

970512

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explegal defense campaign literature and mailings	MTG OFC PET PHO POL		d appearanc ses lating urvey reseal very and me	es	RAD radio airtime and pro RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, TSF transfer between co VOT voter registration WEB information technological	ns salaries and production cos dging, and meals lodging, and meals ommittees of the sal	: me candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
	LOS ANGELES COUNTY I INCOLN CLUBS	ID:	801945	VOT	Voter Registr	ration Drive		113.00
	LOS ANGELES COUNTY LINCOLN CLUBS	ID:	801945		Membership	Dues		500.00
_	– - Mayor O'Neill Retirement Program	ID:			Tickets for R	etirement Dinner		1500.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$						<u> </u>		
Sch	edule E Summary							
1. P	ayments made this period of \$100 or more. (In	nclude all Schedul	e E subtota	als.)			\$	
2. U	nitemized payments made this period of under	r \$100					\$ _	
3. T	otal interest paid this period on loans (Enter a	mount from Sche	dule B. Par	t 1 Colur	nn (e))		e	

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

SCHEDULE
CALIFORNIA ACO
FORM 40U
13 / 21
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

13 / 21

10. NUMBER

970512

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (e legal defense campaign literature and mailings NAME AND ADDRESS OF PAYEE O	MTG OFC PET PHO POL xplain)* POS PRO PRT	d appearance ses lating urvey resear very and me	es	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production co candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the s voter registration information technology costs (internet	s ame candidate/sponsor
_	VISA	ID:		2 tuxedos, sh	irts & accesories		1017.61
	– Lyon Management Group, Inc.	ID:	 RFD	Return Contr	ibution 10/12/200	05	1000.00
	Waldo Arballo	ID:	 PRO	Treasurer Se	rvices 03-06		502.99

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SU	BT	OT	AL	\$
----	----	----	----	----

Schedule E Summary

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

 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).)

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).)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA ACO
from <u>01-01-06</u>	FORM 40U
through <u>\$6-36-96</u>	14 / 21
	LD AUDADED

SEE INSTRUCTIONS ON REVERSE	through <u>B6-36-06</u>	14 / 21
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 the code. Otherwise, describe the payment.

CNS CCTB CCVC CFIL CFND fIND iLEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events ndependent expenditure supporting/opposing others (explain)* egal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	meetings and appearances office expenses PET petition circulating phone banks POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)			RFD SAL TEL TRC TRS TSF VOT	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			
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION C	DF PAYMENT	AMOUNT PAID		
(CompleteCampaigns.com	ID:		PRO	Software Lea	se 04-06		400.00		
 	LONG BEACH AREA REPUBLICAN PARTY	ID:	745094	cvc				200.00		
· !	LOS ANGELES COUNTY LINCOLN CLUBS	ID:	801945	VOT				389.00		
* Paym	ents that are contributions or independent expenditures must al	so be su	mmarized on	Schedule [).		SUBTOTAL	\$		
	dule E Summary	Sahadu	lo E quibtoto	alo)			\$			

.....\$ <u>_____</u>

······ \$ ______

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from 01-01-06	FORM 46U
through <u>06-30-06</u>	15 / 21

SEE INSTRUCTIONS ON REVERSE				through	06-30-06	15	5 / 21
NAME OF FILER					·	I.D. NUM	BER
Supervisor Don Knabe Officeholder Account						970512	
CODES: If one of the following codes accurately describes	the payment, you r	nay enter the	e code. Otherwise,	describe t	the payment.		
CNS campaign consultants				radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, at staff/spouse travel, lodging transfer between committed voter registration information technology cosi	ries production costs I, and meals ing, and meals ittees of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	PR DESC	CRIPTION OF			AMOUNT PAID
VERIZON	ID:	OFC	Telephone				33.61
VISA	ID:	cvc	Silent Auction				540.28
WHITTIER REPUBLICAN WOMEN FEDERATED	ID:	CVC	Nixon Scholarship F	Program			100.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$							• • • • • • • • • • • • • • • • • • •

Schedule E Summary

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).)

4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$______

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

 Statement covers period
 CALIFORNIA FORM
 46C

 through 06-30-06
 16 / 21

 I.D. NUMBER

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Supervisor Don Knabe Officeholder Account 970512 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs petition circulating CVC civic donations candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, email) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR AMOUNT PAID CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 132.00 MTG Dalmation Club Luncheons ID: Erin Stibal 400.00 PRO Software Lease 05-06 ID: CompleteCampaigns.com OFC Phone 33.61 **VERIZON** ID: **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

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).)

4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

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

Statement covers period from 01-01-06	FORM 460
through 06-30-06	17 / 21

SCHEDULE E

•					<u></u>		·····
SEE INSTRUCTIONS ON REVERSE				through 06-3	30-06	17	/ 21
NAME OF FILER			· ·			I.D. NUMB	BER
Supervisor Don Knabe Officeholder Account						970512	
CODES: If one of the following codes accurately described: 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)*	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank: POL polling and s	nmunications d appearance: ses ulating s survey researc ivery and mes	s h senger services	RAD radio airtim RFD returned co SAL campaign v TEL t.v. or cable TRC candidate t TRS staff/spous TSF transfer be	e and production ontributions workers' salaries e airtime and prod travel, lodging, an se travel, lodging, tween committee	duction cost nd meals and meals	s ne candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (lega	il, accounting)	VOT voter regist WEB information		s (internet, e	email)
NAME AND ADDRESS OF PAYEE OR CRED!		CODE	DR DES	SCRIPTION OF PAYMENT			AMOUNT PAID
VISA	ID:		Donation & Misc.				433.84
Waldo Arballo	ID:	CNS	Treasurer Services	04-06			502.48
CALIFORNIA FLORAL CO.	ID:		Flowers Secretarie	s Week			51.91
* Payments that are contributions or independent expenditures m	ust also be summarized or	n Schedule D	<u> </u>		SUB	STOTAL \$	
Schedule E Summary				· · · · · · · · · · · · · · · · · · ·			<u></u>
1. Payments made this period of \$100 or more. (Include	e all Schedule E subto	tals.)				\$	
Unitemized payments made this period of under \$100		•					
3. Total interest paid this period on loans. (Enter amoun							

Schedule	E
Payments	Made

LONG BEACH AREA REPUBLICAN PARTY

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from 81-01-06	FORM 46U
through 66-30-06	18 / 21

rayments wade	to whole dollars.	from 0/50/50	FORM TO	
SEE INSTRUCTIONS ON REVERSE		through 66-30-06	18 / 21	
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 the code. Otherwise, describe the payment.

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		rectings and appearances office expenses rection circulating phone banks polling and survey research postage, delivery and messenger services rections of the postage of th			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/spo VOT voter registration WEB information technology costs (internet, email)			
	NAME AND ADDRESS OF PAYEE OR CRED (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DITOR		CODE	OR	DESCRIPTION O	F PAYMENT	AMOUNT PAID	
	Cerritos Community Prayer Breakfast	ID:		CVC				160.00	
	DALMATION CLUB	ID:		cvc				132.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary

CVC

ID: 745094

1.	. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	9	\$
2.	. Unitemized payments made this period of under \$100.	9	\$
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column	(e).)	\$
4.	. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summa	ry Page, Column A, Line 6.)	\$

250.00

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

	SCHEDULE
Statement covers period	CALIFORNIA ACC
from 01-01-06	FORM 40L
through <u>06-30-66</u>	19 / 21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

19 / 21

19 / 21

19 / 21

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)			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 I.D. NUMBER)			CODE C	DR .	DESCRIPTION	F PAYMENT		AMOUNT PAID
	CompleteCampaigns.com	ID:		PRO	Software Lea	se 06-06			400.00
	VERIZON	ID:		OFC	TelephoneMa	ay 06			34.26
	VISA	. ID:			Gifts Secreta	ries Day, Meal			786.53

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SI	JB	TO	TA	٦L	\$

Schedule E Summary

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).)	; <u> </u>
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

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

SCHEDULE E Statement covers period **CALIFORNIA FORM** 20 / 21 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Supervisor Don Knabe Officeholder Account 970512

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member com	munications		RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	l appearance	es	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	es		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circul	lating		TEL	t.v. or cable airtime and production cos	sts
FIL	candidate filing/ballot fees	PHO	phone banks	_		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	urvey researd	ch	TRS	staff/spouse travel, lodging, and meals	3
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and mes	ssenger services	TSF	transfer between committees of the sa	me candidate/sponsor
LEG	legal defense	PRO	professional	services (leg	al, accounting)	VOT	voter registration	,
LIT	campaign literature and mailings	PRT	print ads		,	WEB	information technology costs (internet	email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION		AMOUNT PAID
	Waldo Arballo	ID:		PRO	Treasurer Se	rvices 05-06		504.00
	AMERICAN EXPRESS	ID:		TRC	CCA Semina	г		689.04
	CompleteCampaigns.com	ID:		PRO	Software Lea	se 07-06		400.00
				<u> </u>				
* Pay	ments that are contributions or independent expenditures must also	o be su	mmarized on	Schedule D).		SUBTOTAL	\$

Schedule E Summary

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).)

Schedule	E
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period		
from 01-01-06		
through <u>6-30-06</u>		

california 460

SCHEDULE E

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

I.D. NUMBER 970512

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS CTB	contribution (explain nonmonetary)*	MTG meetin	•	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries	
	civic donations	PET petition circulating		TEL t.v. or cable airtime and production co	osts
	candidate filing/ballot fees	PHO phone		TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and mea	le
FND IND LEG	fundraising events independent expenditure supporting/opposing others (explain)* legal defense	POS postag	and survey research e, delivery and messenger services sional services (legal, accounting)	TSF transfer between committees of the s VOT voter registration	
<u>LI</u> T	campaign literature and mailings	PRT print a	<u>ds</u>	WEB information technology costs (interne	t, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	VISA	ID:	OFC		75.76

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	29813.53
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$ <u></u>	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	