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

SCHEDULE E Statement covers period CALIFORNIA 460 (Y-01-CX)

to whole dollars.			from <u>07-07-0</u>	FORI م	W 40U			
SEE INSTRUCTIONS ON REVERSE				from <u>OV - OV - CV</u> through <u>OG - 30</u> -	06 71	21		
NAME OF FILER					I.D. NUMBI	ER		
Supervisor Don Knabe Officeholder Account					970512			
CODES: If one of the following codes accurately describes	the payment, you r	may enter the	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 co MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating	nger services	RAD radio airtime and returned contrib SAL campaign worke TEL t.v. or cable airti TRC candidate travel TRS staff/spouse tra TSF transfer betwee VOT voter registration	d production costs utions ers' salaries me and production costs , lodging, and meals vel, lodging, and meals n committees of the sam	e candidate/sponsor		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OF	R DESC	CRIPTION 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 o	n Schedule D.			SUBTOTAL \$	12,071.02		
Schedule E Summary								
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	tals.)			\$	29813.53		
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.)								

Schedule	E
Payments	Made

	SCHEDUL
Statement covers period	CALIFORNIA A A
from 01-01-06	FORM 46
through <u>06-30-04</u>	8 / 21
	LD NUMBER

SEE IN	ISTRUCTIONS ON REVERSE					through <u>06-3</u>	x0-04 8	8 / 21
	OF FILER						I.D. NUI	MDED
Super	rvisor Don Knabe Officeholder Account						1.0. 1401	VIDER .
	Tion Don Milabe Cimentolae, Account						97051	2
CODI	ES: If one of the following codes accurately describes	the paym	ent, you m	nay enter th	e code. Otherwise,	describe the payme	ent.	
CNS CTB CVC FIL	contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)*	MTG OFC PET PHO POL POS PRO	meetings and office expension circulation circulation circulation banks polling and spostage, deli	lating urvey research very and mess		RFD returned co SAL campaign v TEL t.v. or cable TRC candidate tr TRS staff/spous TSF transfer bet VOT voter regist	vorkers' salaries e airtime and production co ravel, lodging, and meals e travel, lodging, and mea tween committees of the s	ls ame candidate/sponsor
٠	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
	GAIL LEGROS	ID:			Holiday Stamps/Lur	ncheon		711.70
	CALIFORNIA FLORAL CO.	ID:			Flowers Constituent	S		637.17
	CompleteCampaigns.com	ID:	<u> </u>	PRO	Software Lease 02-	06		400.00
• Pay	yments that are contributions or independent expenditures must	also be sur	nmarized or	Schedule D.	<u>L</u>		SUBTOTAL	s 1,748.87
Sch	nedule E Summary		<u> </u>					
1. P	Payments made this period of \$100 or more. (Include a	II Schedul	le E subtot	als.)			\$.	<u> </u>
2. U	Unitermized payments made this period of under \$100.						\$.	
3. T	Fotal interest paid this period on loans. (Enter amount fo	rom Sche	dule B, Pa	rt 1, Colum	n (e).)		\$	
	Fotal payments made this period. (Add lines 1, 2, and 3					A, Line 6.)	TOTAL \$	

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

SCHEDULE
CALIFORNIA ACO
FORM 46U
9 / 21
I.D. NUMBER

				through <u>66-30-6</u>			
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER					I.D. NUMBE	R	
Supervisor Don Knabe Officeholder Account							
				-	970512		
CODES: If one of the following codes accurately describe	es the payme	ent, you may enter	the code. Othe	rwise, 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 n OFC o PET p PHO p POL p POS p PRO p	nember communications neetings and appearance office expenses netition circulating whone banks nothing and survey reseat nostage, delivery and me professional services (legating and services)	es rch essenger services	TRC candidate travel, lo TRS staff/spouse travel	ons ' salaries e and production costs odging, and meals I, lodging, and meals committees of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDIT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OR	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
DALMATION CLUB	, ID:	cvc	Dues	· · · · · · · · · · · · · · · · · · ·		132.00	
) ·			,				
Englander And Associates	ID:	CNS	Senior staff re	etreat		2200.00	
Pasadena Tournament Of Roses	ID:		Tournament of	of Roses tickets		325.00	
Payments that are contributions or independent expenditures me	ust also be sum	marized on Schedule	D		SUBTOTAL \$	2,657,0	
Schedule E Summary 1. Payments made this period of \$100 or more. (Include	e 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).)

Type or print in ink. Amounts may be rounded

SCHEDULE E Statement covers period CALIFORNIA 460

. aymonto mado	to	whole dollar	rs.	from <u>CY-07-0</u> Q	FOR	FORM TOU	
SEE INSTRUCTIONS ON REVERSE				from <u>CY-07-06</u> through <u>OG-30-06</u>	_ 10	0/21	
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 m	nay enter t	he code. Otherwise,	describe the payment.	070012		
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 com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearance ses elating s curvey resear	es ch ssenger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir TSF transfer between commit VOT voter registration WEB information technology of	es production cost and meals ng, and meals tees of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
VERIZON	ID:		Telephone			33.52	
VISA	ID:		Holiday gifts, Airline	e Ticket to D. C.		541.59	
Waldo Arballo	ID:	PRO	Treasurer Services	01-06		525.70	
* Payments that are contributions or independent expenditures must	also be summarized or	Schedule I	D.	SI	UBTOTAL \$	1,100.8	
Schedule E Summary				· · · · · · · · · · · · · · · · · · ·			
1. Payments made this period of \$100 or more. (Include a	ll Schedule E subtot	als.)			\$	<u> </u>	
2. Unitemized payments made this period of under \$100.		,					
3. Total interest paid this period on loans. (Enter amount fi							
4. Total payments made this period. (Add lines 1, 2, and 3	. Enter here and on	the Sumr	mary Page, Column A	A, Line 6.) T	OTAL \$ _		

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01-01-06	CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE		through <u>6-30-0</u> 6	11 / 21				
NAME OF FILER			I.D. NUMBER				
Supervisor Don Knabe Officeholder Account		-					
			970512				
CODES: If one of the following codes accurately of	describes the payment, you may enter the code. Other	vise, describe the payment.					
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and produ	ction costs				

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		polling and s postage, deli professional	d appearance ses lating s urvey resea very and me services (le	rch esse		RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sa voter registration information technology costs (internet,	email)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OF		TION O	PAYMENT	AMOUNT PAID
CompleteCampaigns.com	ID:		PRO		Software Lease 03-06			400.00
VERIZON	ID:				Telephone		-	33.68
Waldo Arballo	ID:		PRO		Treasurer Services 02-	06		520.23
								
* Payments that are contributions or independent expenditures must al	so be su	ımmarized or	Schedule	D.			SUBTOTAL	\$ 953.91
Schedule E Summary								
1. Payments made this period of \$100 or more. (Include all	Schedu	ıle E subtot	als.)				\$ _	
2. Unitemized payments made this period of under \$100.							\$ _	
3. Total interest paid this period on loans. (Enter amount fro	m Sche	edule B, Pa	rt 1, Colu	ımn	(e).)		\$ _	
4. Total payments made this period. (Add lines 1, 2, and 3.						ine 6.)	TOTAL \$ _	

	SCHEDULE E
Statement covers period	CALIFORNIA A A A
from 01-01-06	california 460
through <u>06-30-06</u>	12 / 21
	I.D. NUMBER

-				WHOLE GOHALS	•	from <u>0/-0/-06</u>	гог	
SEE IN	STRUCTIONS ON REVERSE					through <u>06-30-06</u>	12	2 / 21
NAME	OF FILER						I.D. NUM	REP
Super	visor Don Knabe Officeholder Account		,				I.D. NOW	JEK .
							970512	<u> </u>
COD	ES: If one of the following codes accurately describes t	he payr	nent, you n	nay enter th	e code. Otherwise,	describe the payment.		
	campaign paraphernalia/misc.	MBR	member con	nmunications		RAD radio airtime and production	n costs	
CNS	campaign consultants	MTG	meetings an	d appearances		RFD returned contributions		
	contribution (explain nonmonetary)* civic donations		office expens			SAL campaign workers' salaries	S	
FIL	candidate filing/ballot fees	PET	petition circu			TEL t.v. or cable airtime and pro	oduction cos	ts
	fundraising events	POL	polling and s	urvev research		TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	ing meais 1 and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and mess	enger services	TSF transfer between committee	es of the sar	ne candidate/sponsor
LEG	legal defense campaign literature and mailings	PRO	professional	services (lega	l, accounting)	VOT voter registration		-
LIT	campaign illerature and mailings	PRT	print ads	г —		WEB information technology cos	sts (internet,	email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
	LOS ANGELES COUNTY LINCOLN CLUBS	ID:	801945	VOT	Voter Registration [Drive		113.00
	LOS ANGELES COUNTY LINCOLN CLUBS		801945		Membership Dues			500.00
								•
	<u> </u>							
	Mayor O'Neill Retirement Program	ID:			Tickets for Retireme	ent Dinner		1500.00
,	City of Long Beach						i	
=					<u> </u>	_ 		
* Pay	ments that are contributions or independent expenditures must a	iso be su	mmarized or	Schedule D.			BTOTAL \$	2,113.00
Sch	nedule E Summary							
1. P	ayments made this period of \$100 or more. (Include all	Schedu	ile E subtot	als.)			\$	
2. U	Initemized payments made this period of under \$100.						\$	
3. T	otal interest paid this period on loans. (Enter amount fro	m Sche	edule B, Pa	rt 1, Colum	n (e).)		\$ _	
4. T	otal payments made this period. (Add lines 1, 2, and 3,	Enter h	ere and on	the Summ	ary Page, Column A	A Line 6)	TALS	

	SCHEDULE E
Statement covers period	CALIFORNIA 4 CO
from 01-01-06	FORM 460
through <u>06-30-06</u>	13 / 21
	I.D. NUMBER

SEE IN:	STRUCTIONS ON REVERSE					through <u>06-30</u>	<u>-06</u> 13	/ 21
NAME (OF FILER						I.D. NUMB	ER
Super	visor Don Knabe Officeholder Account							
							970512	
CODI	ES: If one of the following codes accurately describe	s the payn	nent, you m	ay enter th	e code. Otherwise	, describe the payment.		
CMP						RAD radio airtime and		
CNS	campaign consultants contribution (explain nonmonetary)*		meetings and	d appearances	,	RFD returned contrib		
CTB	· ·	OFC PET	office expens			SAL campaign worke TEL t.v. or cable airti	•	
FIL	candidate filing/ballot fees	PHO	phone banks			TRC candidate travel		•
FND		POL	polling and s	urvey researcl	า	TRS staff/spouse tra	vel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*		postage, deli	very and mess	senger services	TSF transfer betwee	n committees of the san	ne candidate/sponsor
LEG LIT	legal defense campaign literature and mailings	PRO PRT	professional print ads	services (lega	I, accounting)	VOT voter registration WEB information tech	n nnology costs (internet, e	mail\
			print udo			TTED IIIIOTTIGGOTTEO	mology costs (internet, e	indii)
	NAME AND ADDRESS OF PAYEE OR CREDITO (IF COMMITTEE, ALSO ENTER LD, NUMBER)	R		CODE	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
,	VISA	1D:			2 tuxedos, shirts &	accesories		1017.61
	Lyon Management Group, Inc.	ID:		RFD	Return Contribution	n 10/12/2005		1000.00
	Waldo Arballo	ID:		PRO	Treasurer Services	6 03-06		502.99
		<u> </u>		<u></u>				· ·
* Pay	ments that are contributions or independent expenditures mus	st also be su	mmarized or	Schedule D	· ·		SUBTOTAL \$	2,520.6
Sch	nedule E Summary							
1. P	Payments made this period of \$100 or more. (Include	all Schedu	le E subtot	als.)			\$	
2. L	Unitermized payments made this period of under \$100.						\$	
3. T	Total interest paid this period on loans. (Enter amount	from Sche	edule B, Pa	rt 1, Colum	n (e).)		\$	-
4. T	Total payments made this period. (Add lines 1, 2, and	3. Enter h	ere and on	the Summ	ary Page, Column	A, Line 6.)	TOTAL \$	

Statement covers period from 01-01-06	CALIFORNIA 460
through <u>\$6-36-06</u>	14 / 21
	I.D. NUMBER

					""			
SEE INSTRUCTIONS ON REVERSE			,		throu	igh <u>B6-36-</u>	α'	4 / 21
NAME OF FILER						-9.1 -0 0		
Supervisor Don Knabe Officeholder Account							I.D. NUM	BER
							970512	<u> </u>
CODES: If one of the following codes accurately describes	the payr	nent, you m	nay enter	the code. Other	wise, descril	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 POS PRO	petition circu phone banks polling and s postage, deli	d appearanceses lating urvey reseal very and me	es	RF SA TE TR TR TS VO	L campaign worker L t.v. or cable airtir C candidate travel, staff/spouse trav transfer between voter registration	utions rs' salaries ne and production cos lodging, and meals rel, lodging, and meals committees of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
CompleteCampaigns.com	ID:		PRO	Software Leas	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
* Payments that are contributions or independent expenditures must a	also be su	ımmarized or	Schedule	D			SUBTOTAL	989.0
Schedule E Summary								<u> </u>
1. Payments made this period of \$100 or more. (Include all	Schedu	ıle E subtot	als.)				\$ _	
2. Unitemized payments made this period of under \$100.							\$ _	
3. Total interest paid this period on loans. (Enter amount fro	om Sche	edule B, Pa	rt 1, Colui	mn (e).)			\$ _	
4. Total payments made this period. (Add lines 1, 2, and 3.			,	. , ,	umn A. Line	6.)	TOTAL \$	

						SCHEDULE E			
Schedule E Payments Made		Type or print in ink. Amounts may be rounded to whole dollars.				Statement covers period from 0(-0/-06 through 06-36-66		RNIA 460	
SEE INSTRUCTIONS ON REVERSE					through	06-30-06	15	15 / 21	
NAME OF FILER							I.D. NÚMB	ER	
Supervisor Don Knabe Officeholder Account						·	970512		
CODES: If one of the following codes accurately describes	s the paymer	nt, you m	ay enter t	he code. Othe	rwise, 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 model of the period of the	eetings and fice expens etition circul none banks olling and si ostage, deliv	ating urvey resear very and me	es	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and procandidate travel, lodging, staff/spouse travel, lodging transfer between committ voter registration information technology contraction information information technology contraction information information technology contraction information informa	es roduction cost and meals g, and meals ees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	R		CODE	OR	DESCRIPTION O	F PAYMENT		AMOUNT PAID	
VERIZON	ID:		OFC	Telephone				33.61	
VISA	ID:		cvc	Silent Auction	n			540.28	
WHITTIER REPUBLICAN WOMEN FEDERATED	ID:		cvc	Nixon Schola	arship Program			100.00	
Payments that are contributions or independent expenditures mus	t also be sumn	narized on	Schedule	D.		SL	JBTOTAL \$	673.89	
Schedule E Summary					· .				
1. Payments made this period of \$100 or more. (Include a	all Schedule	E subtota	als.)				\$		
2. Unitemized payments made this period of under \$100.	••••						\$		

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from <u>0/-0/-06</u>	FORM 460
through <u>06-30-06</u>	16 / 21
	I.D. NUMBER

			1		
SEE INSTRUCTIONS ON REVERSE	.*			through 06-30-06	16 / 21
NAME OF FILER					
Supervisor Don Knabe Officeholder Account					I.D. NUMBER
					970512
CODES: If one of the following codes accurately describes	s the payment, you	may enter the o	code. Otherwise, d	escribe 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	POS postage, d	and appearances enses culating	ger services ccounting)	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir 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 CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	3	CODE OR	DESCR	RIPTION OF PAYMENT	AMOUNT PAID
Erin Stibal	ID:	MTG D	Palmation Club Lunc	heons	132.00
<u> </u>					
CompleteCampaigns.com	ID:	PRO S	Software Lease 05-06	3	400.00
		OFC P	Phone		33.61
VERIZON	ID:				00.01
* Payments that are contributions or independent expenditures must	t also be summarized o	on Schedule D.		SI	JBTOTAL \$ 565. 6
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include a	all Schedule E subto	otals.)			\$
2. Uniternized payments made this period of under \$100.					\$
3. Total interest paid this period on loans. (Enter amount f	from Schedule B, P	art 1, Column ((e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3	3. Enter here and o	on the Summan	/ Page. Column A	Line 6.)	OTAL \$

Schedule E	Type or	print in ink.	Statement covers period	Statement covers period CALIFORNIA		
Payments Made		ay be rounded le dollars.		california 460		
SEE INSTRUCTIONS ON REVERSE			from 01-01-06 through 06-30-06	17 / 21		
NAME OF FILER				I.D. NUMBER		
Supervisor Don Knabe Officeholder Account				970512		
CODES: If one of the following codes accurately des	cribes the payment, you may	enter the code. Oth	erwise, 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		pearances g	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir TSF transfer between committ VOT voter registration WEB information technology or	es roduction costs and meals ng, and meals tees of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE OR CR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	REDITOR	ODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
VISA	ID:	Donation &	Misc.	433.84		
Waldo Arballo	ID:	CNS Treasurer S	Services 04-06	502.48		
CALIFORNIA FLORAL CO.	ID:	Flowers Se	cretaries Week	51.91		

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

Schedule E Payments Made		Amount	or print in ink, s may be rounded whole dollars.	Statement covers period from 8/~0/-06	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				from <u>87-07-06</u> through <u>66-30-06</u>	18 / 21
NAME OF FILER					I.D. NUMBER
Supervisor Don Knabe Officeholder Account					970512
CODES: If one of the following codes accurately describes the	e payn	nent, you m	ay enter the code. Oth	nerwise, 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 MTG OFC PET PHO POL POS PRO PRT	office expens petition circu phone banks polling and s postage, deli professional	d appearances ses lating	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgin TSF transfer between committ VOT voter registration WEB information technology co	s roduction costs and meals g, and meals ees 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
Cerritos Community Prayer Breakfast	ID:		cvc		160.00
DALMATION CLUB	ID:		cvc		132.00
LONG BEACH AREA REPUBLICAN PARTY	ID:	745094	cvc	·	250.00
* Payments that are contributions or independent expenditures must als	so be su	mmarized on	Schedule D.	SL	BTOTAL\$ 542.00
Schedule E Summary					
Payments made this period of \$100 or more. (Include all \$	Schedu	le E subtot	als.)		\$
Unitemized payments made this period of under \$100.					
3. Total interest paid this period on loans. (Enter amount from					

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

Statement covers period from 04-0/-06 FORM 460

through 06-30-66 19/21

SEE INSTRUCTIONS ON REVERSE				through <u>06-30-06</u>	19 / 21
NAME OF FILER					I.D. NUMBER
Supervisor Don Knabe Officeholder Account					1
		<u>-</u>			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 fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances uses ulating s survey researci livery and mess	n senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production returned contributions salaries t.v. or cable airtime and production candidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration web information technology cost	es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	ID:	PRO	Software Lease 06-0	06	400.00
				•	
VERIZON	ID:	OFC	TelephoneMay 06		34.26
<u></u>					
VISA	iD:		Gifts Secretaries Da	y, Meal	786.53
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D		SU	BTOTAL \$ 1,220.7
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include a	l Schedule E subto	tals.)			\$
2. Unitemized payments made this period of under \$100.					\$
3. Total interest paid this period on loans. (Enter amount for	om Schedule B, Pa	art 1, Colum	n (e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3	. Enter here and or	n the Summ	ary Page, Column A	A, Line 6.) TO	OTAL \$

Schedule E Typ Amou to			unded	Statement covers period from 0/-0/-06	CALIFOF FORI	
SEE INSTRUCTIONS ON REVERSE				from <u>0/-0/-06</u> through <u>06-30-06</u>	20	/ 21
NAME OF FILER					I.D. NUMBE	ER
Supervisor Don Knabe Officeholder Account		- - -			970512	
CODES: If one of the following codes accurately describe 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	MBR member com MTG meetings and OFC office expension PET petition circum PHO phone banks POL polling and s POS postage, deli PRO professional	nmunications d appearance ses elating s survey researd ivery and mes	s	RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and production reconstruction candidate travel, lodging, staff/spouse travel, lodging transfer between committee voter registration	es roduction costs and meals g, and meals ees of the sam	ne candidate/sponsor
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITO (IF COMMITTEE, ALSO ENTER LD. NUMBER)	PRT print ads	CODE	OR DES	WEB information technology co	sts (internet, e	mail) AMOUNT PAID
Waldo Arballo	ID:	PRO	Treasurer Services	05-06		504.00
AMERICAN EXPRESS	ID:	TRC	CCA Seminar			689.04
CompleteCampaigns.com	ID:	PRO	Software Lease 07-	06		400.00
* Payments that are contributions or independent expenditures mus	st also be summarized or	Schedule C	_ <u></u>	SU	IBTOTAL \$	1,593.0
Schedule E Summary 1. Payments made this period of \$100 or more. (Include	all Schedule E subtot	als.)			\$	

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

Schedule E Payments Made		Amoun	e or print in ink. its may be rounded whole dollars.	Statement covers period from 0/-0/-06	CALIFORNIA 460
	ISTRUCTIONS ON REVERSE			from <u>O/01-06</u> through <u>C/6-30-06</u>	21 / 21
	OF FILER				I.D. NUMBER
Super	rvisor Don Knabe Officeholder Account				970512
COD	ES: If one of the following codes accurately describes	the payment, you n	nay enter the code. Other	wise, describe the payment.	
CMP CNS CTB CVC FIL FND IND LEG LIT	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees	OFC office expen PET petition circu PHO phone bank: POL polling and s POS postage, del	d appearances ses ulating	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production race candidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration web.	s oduction costs and meals g, and meals ees 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
<u>- · -</u>	VISA	ID:	OFC		75.76
					
				<u> </u>	
* Pay	yments that are contributions or independent expenditures must a	also be summarized or	n Schedule D.	su	BTOTAL \$ 75,76
Sch	nedule E Summary				
1. P	Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)		\$
2. L	Initemized payments made this period of under \$100.				\$