

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

AMENDMENT

COVER PAGE

Received by
Los Angeles County
Date Stamp
JAN 31 AM 11:52
Campaign Finance
Disclosure Section

CALIFORNIA 2001/02 FORM	460
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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"/> Bailot 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/
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
Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

ADD-STATEMENT COVERS PERIOD.

3. Committee Information

I.D. NUMBER
990212

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

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Waldo Arballo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

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

Executed on 1-13-06 By Waldo Arballo
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-13-06 By Shirley R. Knabe
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mr. Donald Knabe			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: County Supervisor LA County Supervisor County LA County Supervisor 4			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

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

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

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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	

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary