

SEMI-ANNUAL ORIGINAL

COVER PAGE

**Recipient Committee
Campaign Statement**
(Government)

Date Stamp 4 FEB 13 PM 12:11 CALIFORNIA FPPC	CALIFORNIA 2001/02 FORM 460
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For Official Use Only 007069 *C06457	

AMENDMENT

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

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

SEE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5.)
<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primary Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6.)
<input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |
|--|---|

- 2. Type of Statement:**
- | | |
|--|--|
| <input type="checkbox"/> Pre-election Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input checked="" type="checkbox"/> Amendment (Explain below)
Add Missing Information

_____ | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 49F |
|--|--|

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-Elect Supervisor Don Knabe

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 2-9-06 By Waldo Arballo
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-9-06 By Don 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 Knabe for Supervisor, Inc.	I.D. NUMBER
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 Supervisor Don Knabe Attorney Fees Fund	I.D. NUMBER
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 SUPPORT 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

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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	
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