

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <i>LO... 7/17</i>	<b>CALIFORNIA 2001/02 FORM 460</b>
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For Official Use Only	

Statement covers period  
 from 07/01/2006  
 through 12/31/2006

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

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

### 3. Committee Information

I.D. NUMBER  
970512

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Supervisor Don Knabe Officeholder Account

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 01-15-07 By Waldo Arballo  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/15/07 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

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

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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 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

COMMITTEE NAME Supervisor Don Knabe Attorney Fees Fund	I.D. NUMBER 990212
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
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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
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