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COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM 460
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	For Official Use Only 007069 CO5005

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	Date of election if applicable: (Month, Day, Year) <u>03/02/2004</u>
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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"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5) | <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"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/
Officeholder 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
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

ID 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 01-04-04 By Waldo Arballo
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-8-04 By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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

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COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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	ID NUMBER 1251077
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NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME Knabe for Supervisor, Inc.	ID NUMBER 943734
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NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary