

**Recipient Committee
Campaign Statement**

Type or print in ink.

COVER PAGE

**2nd FILING
ORIGINAL**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/2003
through 12/31/2003

Date of election if applicable:
(Month, Day, Year)
03/02/2004

Date Stamp
4

CALIFORNIA 2001/02 FORM 460

1/7

For Official Use Only
007069
***COS457**

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

Executed on 1-8-04 By [Signature]
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

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

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

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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		ID NUMBER 970512	
NAME OF TREASURER Waldo Arballo		CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P O BOX)		
[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]