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

# AMENDMENT

| | |
|---|---|
| **Statement covers period** | **Date of election if applicable:** (Month, Day, Year) |
| from **07/01/2005** | |
| through **12/31/2005** | |

Date Stamp
Received by
Los Angeles County
~~JUN 31 AM 11: 51~~
Campaign Finance
Disclosure Section

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

[X] Officeholder, Candidate Controlled Committee
  ⊗ State Candidate Election Committee
  O Recall
  (Also Complete Part 5.)
[ ] General Purpose Committee
  O Sponsored
  O Small Contributor Committee
  O Political Party/Central Committee

[ ] Ballot Measure Committee
  O Primary Formed
  O Controlled
  O Sponsored
  (Also Complete Part 6.)
[ ] Primary Formed Candidate/
  Officeholder Committee
  (Also Complete Part 7.)

## 2. Type of Statement:

[ ] Pre-election Statement
[X] Semi-annual Statement
[ ] Termination Statement
[X] Amendment (Explain below)

[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Supplemental Preelection Statement - Attach Form 495

_ADD- STATEMENT COVERS PERIOD._

## 3. Committee Information

**I.D.NUMBER** 1251077

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 |
|---|---|---|---|
| | CA | | |

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 _____ _SIGNATURE OF TREASURER OR ASSISTANT TREASURER_
  DATE

Executed on **1-13-06** By _____
  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

## 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<br>Knabe for Supervisor, Inc. | I.D.NUMBER<br>943734 |
|---|---|
| NAME OF TREASURER<br>Waldo Arballo | CONTROLLED COMMITTEE?<br>☒ YES   ☐ NO |
| COMMITTEE ADDRESS   STREET ADDRESS (NO P.O.BOX) | |

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

| COMMITTEE NAME<br>Supervisor Don Knabe Attorney Fees Fund | I.D.NUMBER<br>990212 |
|---|---|
| NAME OF TREASURER<br>Waldo Arballo | CONTROLLED COMMITTEE?<br>☒ YES   ☐ 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<br>☐ 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 | ☐ SUPPORT<br>☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT<br>☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT<br>☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT<br>☐ OPPOSE |

**Attach continuation sheets if necessary**