

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

4

|   |   |
|---|---|
| Date Stamp<br>RECEIVED BY<br>LOS ANGELES COUNTY<br>SEP 12 PM 1:39<br>CALIFORNIA<br>DISCLOSURE SECTION | <b>CALIFORNIA</b><br>2001/02<br><b>FORM</b><br><b>460</b> |
|   | Page <u>1</u> of <u>4</u>                                 |
|   | For Official Use Only                                     |

Statement covers period  
from 01/01/06  
through 06/30/06

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.

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

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

FACE PAGE OFFICEHOLDER EXECUTION  
DATE MISSING

**3. Committee Information**

I.D. 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 Arbollo

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 09/09/06  
Date

Executed on 9/9/06  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Waldo Arbollo  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# AMENDMENT

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
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**Recipient Committee  
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Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

|   |      |       |     |
|---|------|-------|-----|
| NAME OF OFFICEHOLDER OR CANDIDATE<br><i>Mr. Don Knabe</i>   |      |       |     |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)<br><i>Held: County Supervisor La County Supervisor<br/>County La County Supervisor 4</i> |      |       |     |
| 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 make expenditures on behalf of your candidacy.*

|   |  |
|---|--|
| COMMITTEE NAME<br><i>Re. Elect Supervisor Don Knabe</i> | I.D. NUMBER<br><i>1251077</i>  |
| NAME OF TREASURER<br><i>Waldo Cubello</i>               | CONTROLLED COMMITTEE?<br><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<br><i>Knabe for Supervisor, Inc</i> | I.D. NUMBER<br><i>943734</i>   |
| NAME OF TREASURER<br><i>Waldo Cubello</i>          | CONTROLLED COMMITTEE?<br><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. Primarily Formed Ballot Measure Committee**

|                        |              |   |
|------------------------|--------------|---|
| NAME OF BALLOT MEASURE |              |   |
| BALLOT NO. OR LETTER   | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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 Candidate/Officeholder 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*