

**Statement of Organization  
Recipient Committee**

Type or print in ink

Statement Type  Initial  
Not yet qualified  or  
  
\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# \_\_\_\_\_  
  
\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5  
List I.D. number:  
# 1251077  
  
10 / 15 / 06  
Date of Termination

RECEIVED BY Date Stamp LOS ANGELES COUNTY OCT 24 PM 12:40 CAMPAIGN FINANCE DISCLOSURE SECTION	STATEMENT OF ORGANIZATION <b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
Re-Elect Supervisor Don Knabe

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

COUNTY OF DOMICILE Los Angeles	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____
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Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Waldo Arballo

STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
\_\_\_\_\_  
MAILING ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 10-22-06  
DATE

Executed on 10-22-06  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Waldo Arballo  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT