

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Received Date Stamp  
Los Angeles County  
4  
Campaign Finance Disclosure Section

CALIFORNIA 2001/02 FORM 460

117

For Official Use Only

Statement covers period  
from 07/01/2006  
through 12/31/2006

Date of election if applicable:  
(Month, Day, Year)

SI

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

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Ballot Measure Committee
  - Primary Formed
  - Controlled
  - Sponsored
- Primary Formed Candidate/Officeholder Committee

### 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
- Physical addresses replace P. O. Boxes

### 3. Committee Information

I.D. NUMBER  
943734

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Knabe for Supervisor, Inc.

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 5-29-07 By Waldo Arballo  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5-29-07 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

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

<b>CALIFORNIA FORM 460</b>
217

**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 Supervisor Don Knabe Attorney Fees Fund	I.D. NUMBER 990212
NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 12871 Moorshire Drive	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME Supervisor Don Knabe Officeholder Account	I.D. 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)
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
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>		
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

3 / 7

**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

Re-Elect Supervisor Don Knabe 2008

I.D. NUMBER

1295373

NAME OF TREASURER

Waldo Arballo

CONTROLLED COMMITTEE?

YES

NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE