

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

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COVER PAGE

Date Stamp RECEIVED LOS ANGELES COUNTY 2006 SEP 15 PM 12:18 CAMPAIGN FINANCE TRUSTEES SECTION	CALIFORNIA 2001/02 FORM <b>460</b>
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Statement covers period  
 from 01/01/2006  
 through 06/30/2006

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.**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                            |
| <input checked="" type="checkbox"/> State Candidate Election Committee           | <input type="checkbox"/> Primary Formed                                      |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Controlled  |
| (Also Complete Part 5.)  | <input type="checkbox"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                               | (Also Complete Part 6.)  |
| <input type="checkbox"/> Sponsored   | <input type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee                             | (Also Complete Part 7.)  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement               | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement     | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

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**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 09-13-06 By Waldo Arballo  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/13/06 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
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 I.D. NUMBER
Re-Elect Supervisor Don Knabe 1251077
NAME OF TREASURER CONTROLLED COMMITTEE?
Waldo Arballo [X] YES [ ] NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER
Supervisor Don Knabe Attorney Fees Fund 990212
NAME OF TREASURER CONTROLLED COMMITTEE?
Waldo Arballo [X] 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 [ ] 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 [ ] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [ ] SUPPORT [ ] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [ ] SUPPORT [ ] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [ ] SUPPORT [ ] 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		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