

# PRIMARY 1<sup>ST</sup> FILING ORIGINAL

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

COVER PAGE  
CALIFORNIA  
2001/02  
FORM 460  
1 / 4  
For Official Use Only  
007069  
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Date Stamp  
(Month, Day, Year)  
03/02/2004

S. from 01/01/2004 through 01/17/2004

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
  - Ballot Measure Committee
  - Primary Formed
  - Controlled
  - Sponsored
  - (Also Complete Part 6)
  - Primary Formed Candidate/Officeholder Committee
  - (Also Complete Part 7)

- 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

**3. Committee Information**  
ID NUMBER 970512

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Supervisor Don Knabe Officeholder Account

**Treasurer(s)**  
NAME OF TREASURER  
Waldo Arballo

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

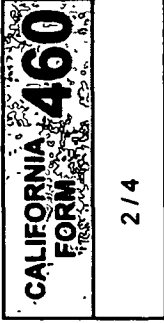
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL FAX/E-MAIL ADDRESS

**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 01-18-04 By Waldo Arballo  
Executed on 1-22-04 By Waldo Arballo  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent  
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 \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

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 Re-Elect Supervisor Don Knabe	ID NUMBER 1251077	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS _____	STREET ADDRESS (NO P O BOX) _____	
CITY _____	STATE _____	ZIP CODE _____
COMMITTEE NAME Knabe for Supervisor, Inc	ID NUMBER 943734	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 _____	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	<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"/> SUPPO <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

<b>CALIFORNIA</b> <b>FORM</b> <span style="font-size: 2em; font-weight: bold;">460</span>	3 / 4
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**Recipient Committee  
 Campaign Statement  
 Cover Page – Part 2**

**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 Attorney Fees Fund	ID NUMBER 990212
NAME OF TREASURER Waldo Arballo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO P O BOX) _____	
CITY _____	STATE _____
ZIP CODE _____	AREA CODE/PHONE _____