

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

**SEMI-ANNUAL
ORIGINAL**

COVER PAGE

Date Stamp

CALIFORNIA 460
2001/02
FORM

Page 1 of 18

For Official Use Only

00 7069

Statement covers period
from 01/01/2003
through 06/30/2003

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Comm

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)

- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

AMENDMENT

- Primarily Formed Campaign Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

05005

ADDING ACCRUED EXPENSE INADVERTENTLY OMITTED. SEE SCHEDULE F.

3. Committee Information

ID NUMBER
970512

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
SUPERVISOR DON KNABE OFFICEHOLDER ACCOUNT

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

DANA W. REED

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

CARY DAVIDSON

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 08/15/2003
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 08/15/2003
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 18

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DONALD R. KNABE

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

Board of Supervisors
L.A. COUNTY, #4

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

[REDACTED]

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 KNABE FOR SUPERVISOR, INC.	ID NUMBER 943734
--	---------------------

NAME OF TREASURER DANA W. REED	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------	--

COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

COMMITTEE NAME SUPERVISOR DON KNABE ATTORNEY FEES FUND	ID NUMBER 990212
---	---------------------

NAME OF TREASURER DANA W. REED	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------	--

COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <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 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.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DONALD R. KNABB

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Board of Supervisors
A. COUNTY, #4

SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED]

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	I.D. NUMBER 1251077
NAME OF TREASURER DANA W. REED	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input 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
----------------------	--------------	---

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"/> 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