#### Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FURIN TOO
through	55 / 67
	1.D. NUMBER
	i

				from		200
SEE INSTRUCTIONS ON REVERSE				through	_ 5	5 / 67
NAME OF FILER				<u></u>	I.D. NUM	BER
Supervisor Don Knabe Officeholder Account	·			<u> </u>	970512	2
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  NAME AND ADDRESS OF PAYEE OR CREDITOR	MBR member cor MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and postage, de PRO professional PRT print ads	mmunications and appearances ases ulating s survey researc livery and mes	s h senger services	RAD radio airtime and processes, describe the payment.  RAD radio airtime and processes returned contributions SAL campaign workers' sattle. t.v. or cable airtime at TRC candidate travel, lodg TRS staff/spouse travel, lo TSF transfer between comvous voter registration WEB information technological radio airtime and processes returned to the payment.	s alaries nd production co jing, and meals dging, and mea nmittees of the s	ls ame candidate/sponso
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	N .	CODE O	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Waldo Arballo	ID:	PRO	Accounting Fee			501.93
CompleteCampaigns.com	ID:	PRO	Software July 05			400.00
VISA	ID:		Misc. Gifts			1691.28
* Payments that are contributions or independent expenditures mu	st also be summarized o	n Schedule D.	·		SUBTOTAL	<u> </u>
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include	all Schedule E subto	tals.)			\$ _	51023.25
Unitemized payments made this period of under \$100.						225.75
Total interest paid this period on loans. (Enter amount		art 1, Colum	n (e).)		\$	0.00

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

51249.00

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	56 / 67
	I.D. NUMBER

	to whole dollars.		from	_		
SEE INSTRUCTIONS ON REVERSE				through	56	6 / 67
NAME OF FILER					I.D. NUME	BER
Supervisor Don Knabe Officeholder Account					970512	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  iND independent expenditure supporting/opposing others (explain)*  LEG legal defense	MBR member commettings a office experience petition circ phone ban polling and postage, depend profession.	ommunications and appearance anses culating ks I survey researc elivery and mes	s h senger services	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime ar TRC candidate travel, lodg TRS staff/spouse travel, lor TSF transfer between com VOT voter registration	s alaries nd production cos ing, and meals dging, and meals	s
LIT campaign literature and mailings	PRT print ads			WEB information technolog	y costs (internet	, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID
CALIFORNIA FLORAL CO.	ID:		Flowers Constitua	nts	·	347.15
CompleteCampaigns.com	ID:	PRO				400.00
LOS ANGELES COUNTY LINCOLN CLUBS	ID:	VOT				96.00
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule D			SUBTOTAL \$	<del></del>
Schedule E Summary			<del>_</del>			· · · · · · · · · · · · · · · · · · ·
1. Payments made this period of \$100 or more. (Include a	II Schedule E subt	otals.)			\$	
Unitemized payments made this period of under \$100.						
Total interest paid this period on loans. (Enter amount fi						
o. Total interest paid this period of loans. (Enter amount i	on concauc b, i	art i, coluii	(5)./	•••••	······································	

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORW - TOO
through	57 / 67
	I.D. NUMBER
	970512

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supervisor Don Knabe Officeholder Account

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEI (IF COMMITTEE, ALSO ENTER I.D.		CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
VISA	ID:		Misc expenses	500.00
Waldo Arballo	ID:	PRO	Treasurer Fees	516.78
VISA	ID:		Misc. Expenses	100.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

C I	ID		ΓAL	¢
- OL	,,,	v	IAL	ъ

#### **Schedule E Summary**

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

### Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	58 / 67
	I.D. NUMBER

	i.c	Wilole dollar	<b>5.</b>	from	1 Skill 1 GG
SEE INSTRUCTIONS ON REVERSE				through	58 / 67
NAME OF FILER					I.D. NUMBER
Supervisor Don Knabe Officeholder Account					
<del></del>					970512
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense	MBR member comments and office experience petron petition circular phone ban polling and postage, deproording professions	emmunications and appearance anses culating ks survey reseau	es ch essenger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, Staff/spouse travel, lodging	es production costs , and meals
LIT campaign literature and mailings	PRT print ads	ai seivices (ieț	jai, accounting)	WEB information technology of	osts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Waldo Arballo	ID:	PRO	Treasurer Services		501.71
VISA	ID:		Misc. Expenses		100.00
i					
LAND DESIGN CONSULTANTS, INC.	ID:	RFD			500.00
* Payments that are contributions or independent expenditures must a	also be summarized	on Schedule I	 D.	SU	BTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	otals.)			\$
Unitemized payments made this period of under \$100.					
Total interest paid this period on loans. (Enter amount from	om Schedule B, F	art 1, Colur	mn (e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3.	•		. , ,		

## Schedule E

## Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM #UU
through	59 / 67
	I.D. NUMBER

Payments Made	to whole dollars.			from	FORM 400
SEE INSTRUCTIONS ON REVERSE				through	59 / 67
NAME OF FILER					I.D. NUMBER
Supervisor Don Knabe Officeholder Account					970512
CODES: If one of the following codes accurately describes	the payment,	you may enter t	he code. Otherwis	se, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetin OFC office PET petitio PHO phone POL polling POS postag	n circulating banks and survey resear ge, delivery and me sional services (leg	es ch ssenger services	RAD radio airtime and pro RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, k TSF transfer between cor VOT voter registration WEB information technological	s alaries and production costs ging, and meals odging, and meals mmittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Svorinich & Associates	ID:	RFD			1000.00
Charles J Moore	ID:	RFD			125.00
GAIL LEGROS	ID:	FND	Octoberfest		526.77
* Payments that are contributions or independent expenditures must	also be summari	zed on Schedule [	).		SUBTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include a	II Schedule E s	ubtotals.)			\$
2. Unitemized payments made this period of under \$100.					\$
3. Total interest paid this period on loans. (Enter amount f	rom Schedule	B, Part 1, Colur	mn (e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3	. Enter here a	nd on the Sumr	mary Page, Colum	n A, Line 6.)	TOTAL \$

#### Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 4100
through	60 / 67
	I.D. NUMBER

				110m	3 2 2 2 2 3
SEE INSTRUCTIONS ON REVERSE			•	through	60 / 67
NAME OF FILER	<del></del>				I.D. NUMBER
Supervisor Don Knabe Officeholder Account					
					970512
CODES: If one of the following codes accurately describes	s the payment, you	may enter t	he code. Otherwis	se, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member co			RAD radio airtime and product	ion costs
CNS campaign consultants MTG meetings and appearances RFD returned contribution: CTB contribution (explain nonmonetary)*  OFC office expenses  SAL campaign workers' sa					95
CVC civic donations	PET petition cir			TEL t.v. or cable airtime and p	
FIL candidate filing/ballot fees	PHO phone ban			TRC candidate travel, lodging,	and meals
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and POS postage, d	I survey resear	ch ssenger services	TRS staff/spouse travel, lodgir TSF transfer between committed	ng, and meals tees of the same candidate/sponso
LEG legal defense	PRO profession	al services (leg	ial, accounting)	VOT voter registration	ees of the same candidate/sponso
LIT campaign literature and mailings	PRT print ads			WEB information technology co	osts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
GAIL LEGROS	ID:	FND	Octoberfest		2731.68
	<u> </u>				
CALIFORNIA FLORAL CO.	ID:		Flowers Constit.		57.32
<del></del>		MTG		<del></del>	132.00
DALMATION CLUB	ID:	"""			152.00
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule E	).	su	BTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include a	ill Schedule E subt	otals.)	-		\$
2. Unitemized payments made this period of under \$100.					\$
3. Total interest paid this period on loans. (Enter amount f	from Schedule B, F	art 1, Colun	nn (e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3	B. Enter here and	on the Sumn	nary Page, Colum	n A, Line 6.) TC	OTAL \$

#### Type or print in ink. Amounts may be rounded to whole dollars

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	61 / 67
	I.D. NUMBER

			from	
			through	61 / 67
				I.D. NUMBER
				970512
scribes the payment, you	may enter the co	ode. Otherwis	e, describe the payment.	
MTG meetings OFC office exp PET petition ci PHO phone ba POL polling an ain)* POS postage,	and appearances enses rculating nks d survey research delivery and messenge	er services counting)	RAD radio airtime and productions RFD returned contributions SAL campaign workers' salution to campaign workers' salution to campaign workers' salution track to campaign workers' salution track to campaign worker campaign worker registration RFD radio airtime and production of campaign workers' salution to campaign workers airtime and production of campaign workers and production of campaign workers and production of campaign workers and productions are campaigned as a campaign workers and productions are campaigned as a campaign workers and productions are campaigned as a campaign workers' salution of campaign workers' salutions are campaign workers' salutions	aries d production costs ng, and meals lging, and meals nittees of the same candidate/spons
EDITOR	CODE OR	DE	SCRIPTION OF PAYMENT	AMOUNT PAID
ID:	FND			5975.40
ID:	FND			3065.17
ID:	Tel	ephone		35.25
es must also be summarized				SUBTOTAL \$
	MBR member of MTG meetings OFC office exp PET petition of PHO phone ba POL polling an POS profession PRT print ads	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenge PRO professional services (legal, acc PRT print ads  EDITOR  ID: FND  Tel	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads  EDITOR  CODE OR DE  ID: FND  Telephone	MBR member communications RAD radio airtime and prod returned contributions OFC office expenses SAL campaign workers' sal PET petition circulating TEL tv. or cable airtime an PHO phone banks TRC campaign and survey research TRS staff/spouse travel, lodgi pOL polling and survey research TRS staff/spouse travel, lodgi ain)* POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration PRT print ads  CODE OR DESCRIPTION OF PAYMENT  ID: Telephone  Telephone

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
- 2. Unitemized payments made this period of under \$100. \$ \_\_\_\_\_ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....\$ \_\_\_\_\_

#### Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM FOU
through	_ 62 / 67
	I.D. NUMBER

rayments made	to	whole dollars	i.	from		
SEE INSTRUCTIONS ON REVERSE				through	6	2 / 67
NAME OF FILER					I.D. NUM	IBER
Supervisor Don Knabe Officeholder Account			•		970512	2
CODES: If one of the following codes accurately describes	the payment, you	may enter t	he code. Otherwise	e, describe the payment.	<b>,</b>	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearance uses ulating s: survey researd livery and me	ch ssenger services	RAD radio airtime and pro RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, lo TSF transfer between cor VOT voter registration WEB information technolo	s alaries and production c ging, and meals odging, and mea nmittees of the s	als same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Visser's Florist	ID:	FND	Center Pieces			387.96
Roger Douglass	ID:	FND	Band			1600.00
CALIFORNIA FLORAL CO.	ID:		Flowers for Constitu	uants.		114.64
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule I	).		SUBTOTAL	<u> </u> \$
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include a	Il Schedule E subto	otals.)			\$ _	
Unitemized payments made this period of under \$100.						
Total interest paid this period on loans. (Enter amount fi						
4. Total payments made this period. (Add lines 1, 2, and 3			. , ,			
			,,	,	. –	

# Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from	FORM 400
through	63 / 67
	I.D. NUMBER
	070740

•	10	WIIOIE GOIR	113.	from		
SEE INSTRUCTIONS ON REVERSE				through		3 / 67
NAME OF FILER				<u> </u>	I.D. NUM	IBER
Supervisor Don Knabe Officeholder Account						
<del></del>					970512	<u> </u>
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTP contribution (applies parameters):	MBR member co	mmunicatior	I <b>S</b>	RAD radio airtime and RFD returned contribu	production costs	
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office exper PET petition circ			SAL campaign worker		
FIL candidate filing/ballot fees	PHO phone bank			TEL t.v. or cable airtim TRC candidate travel,		osts
FND fundraising events	POL polling and	survey resea	arch	TRS staff/spouse trave		ls
IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and m	essenger services	TSF transfer between	committees of the s	ame candidate/sponso
LEG legal defense LIT campaign literature and mailings	PRO professiona	l services (le	egal, accounting)	VOT voter registration		
campaign inerature and mainings	PRT print ads			WEB information techn	ology costs (interne	t, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
THE QUEEN MARY	ID:	FND				21679.51
VISA	ID:		Weddings gifts Cor	estituents		2082.50
<u> </u>						
Ramona Garrett	ID:	FND				576.50
* Payments that are contributions or independent expenditures must a	elso be summarized o	n Schedule	D.		SUBTOTAL	<u> </u>
Schedule E Summary	<del></del>					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.) .			\$ _	
2. Unitemized payments made this period of under \$100.					\$ _	
.3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Pa	art 1, Colu	ımn (e).)		\$ _	
4. Total payments made this period. (Add lines 1, 2, and 3,	Enter here and o	n the Sum	nmary Page. Column	A. Line 6.)	TOTAL \$	

## Schedule E

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from	FORM 40U
through	64 / 67
	I.D. NUMBER

Payments Made	to whole dollars.	from	FORM 46U	
SEE INSTRUCTIONS ON REVERSE		through	64 / 67	
NAME OF FILER		<u> </u>	I.D. NUMBER	
Supervisor Don Knabe Officeholder Account			970512	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member con	nmunication	S	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings an	d appearan	ces	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circu	lating		TEL	t.v. or cable airtime and production co	osts
FIL	candidate filing/ballot fees	PHO	phone banks	3		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	urvey resea	arch	TRS	staff/spouse travel, lodging, and mea	ls
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and m	essenger services	TŞF	transfer between committees of the s	ame candidate/sponsor
LEG	legal defense	PRO	professional	services (le	egal, accounting)	VOT	voter registration	
_LIT	campaign literature and mailings	PRT	print ads			WEB	information technology costs (interne	t, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION O	F PAYMENT	AMOUNT PAID
				PRO			,	515.12

NAME AND ADDRESS OF PAYEE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBE		CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Waldo Arballo	ID:	PRO	,	515.12
CompleteCampaigns.com 6	ID:	PRO	Software Lease 12-05	400.00
DALMATION CLUB	ID:	cvc		132.00

**SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

#### **Schedule E Summary**

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

## Schedule E

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FURM TOU
through	65 / 67
	I.D. NUMBER

Payments Made	to whole dollars.	from	FORM 46U	
SEE INSTRUCTIONS ON REVERSE		through	65 / 67	
NAME OF FILER			I.D. NUMBER	
Supervisor Don Knabe Officeholder Account			970512	
CODES: If one of the following codes accurately descri	thes the navment you may enter the code. Otherwise	describe the payment		

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals POL TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services

PRO professional services (legal, accounting) VOT voter registration LEG legal defense

LIT	campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID		
	VERIZON	ID:	OFC	Telephone	33.62		
	AMERICAN EXPRESS	ID:	POS	Christmas Cards	1369.00		
	CALIFORNIA FLORAL CO.	ID:		Flowers constitutants.	119.02		

**SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100. \$ <u>\_\_\_\_\_</u> 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	66 / 67
	I.D. NUMBER
	970512

SEE	INSTRU	ICTIONS	ON	REVERSE
		, , , , , , , ,	$\mathbf{v}$	

NAME OF FILER

Supervisor Don Knabe Officeholder Account

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

		•			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	nd appearance nses ulating is survey researc livery and mes		RAD radio airtime and production contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and restaff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	tion costs neals d meals f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
VISA	ID:		Various exper	nses	1335.96
LOS ANGELES COUNTY LINCOLN CLUBS	ID:	VOT	Registration D	Drive	699.00
VERIZON	ID:	OFC	Telephone		33.58
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$				TAL \$	

#### **Schedule E Summary**

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

   Unitemized payments made this period of under \$100.
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

#### Type or print in ink. Amounts may be rounded to whole dollars

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	67 / 67
	I.D. NUMBER

<b>,</b>		Wilole dollars.		from		
SEE INSTRUCTIONS ON REVERSE				through	_ 6	7 / 67
NAME OF FILER					I.D. NUM	BER
Supervisor Don Knabe Officeholder Account					970512	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees	the payment, you may enter the code. Otherwise  MBR member communications  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs		
FND fundraising events	POL polling and			TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals		İs
IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and mess	enger services	TSF transfer between committees of the same candidate		
LEG legal defense LIT campaign literature and mailings	PRO professiona PRT print ads	il services (legal	accounting)	VOT voter registration WEB information technolog	v costs (interne	t. email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	DESC	CRIPTION OF PAYMENT	, <u> </u>	AMOUNT PAID
VISA	ID:	POS	Christmas Cards			358.54
Jane J Netherton	ID:	OFC	Gift Dr. Maxon			110.00
		<del>                                     </del>	Oific constituents			470.00
VISA	ID:	1 1	Gifts constituents			172.86
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D.	_	•	SUBTOTAL	51023.25
Schedule E Summary	<del> </del>					
1. Payments made this period of \$100 or more. (Include al	Schedule E subto	otals.)			\$ _	
Unitemized payments made this period of under \$100.						
Total interest paid this period on loans. (Enter amount fr						
4. Total payments made this period. (Add lines 1, 2, and 3.						