Amena	new				
Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)		Type or print in ink.		ag 20	COVER PAGE FORNIA 01/02 DRM
	Statement covers period from03/18/2006	Date of election if applicable: (Month, Day, Year) 06/06/2006	Beller Par 4 Finance	F	1 / 20 or Official Use Only
			<u> Section</u>		
 1. Type of Recipient Committee: All Committe State 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 be Amend page 18 of 20 for 	t elow)	Special C	V Statement Odd-Year Report ental Preelection nt - Attach Form 495
3. Committee Information	1.D.NUMBER 1279717	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Friends of Don Meredith		NAME OF TREASURER Ravelle Lyn Greene			
STREET ADDRESS (NO P O BOX)		MAILING ADDRESS		<u> </u>	
CITY STATE ZIP COL	DE AREA CODE/PHONE		STATE		ARFA CODE/PHONF
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO)X	NAME OF ASSISTANT TREASURER, II	FANY		
CITY STATE ZIP COL	DE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	·	OPTIONAL: FAX/E-MAIL ADDRESS			
Executed on By By	y under the laws of the State of Cali Signature of the State of Cali Signature of the State of the State field	Ifornia that the foregoing is true and	correct.		attached schedules
Executed on By By	By By				Helpline: 866/ASK-FPPC State of California