

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>29</u>
	A For Official Use Only

Statement covers period	Date of Election if applicable:
from <u>01/01/2006</u>	(Month, Day, Year)
through <u>06/30/2006</u>	

1. Type of Recipient Committee:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Controlled |
| | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primary Formed Candidate |
| <input type="checkbox"/> Sponsored | Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee | |
| <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 Pre-election |
| <input checked="" type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 495 |

FOR MR. Steve Cooley's Signature

3. Committee Information

I.D. NUMBER
1235308

COMMITTEE NAME
D.A. Steve Cooley Officeholder Account

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
Linda Flaherty

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 8-14-06
DATE

Executed on 8/19/06
DATE

Executed on _____
DATE

Executed on _____
DATE

By Linda A Flaherty
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By S.L.
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT