

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200 - 84216.5)

**SEMI-ANNUAL  
ORIGINAL**

COVER PAGE

|                            |   |
|----------------------------|---|
| Date Stamp<br>① 1-26       | CALIFORNIA FORM <b>460</b>                  |
| Page <u>1</u> of <u>21</u> | A For Official Use Only<br>012769<br>C05962 |

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/2006</u><br>through <u>12/31/2006</u> | Date of Election if applicable:<br>(Month, Day, Year) |
|--|---|

**1. Type of Recipient Committee:**

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Candidate Officeholder Committee

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**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 1-25-07 By Linda G. Flaherty  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/25/07 By S.L. Cooley  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA  
FORM **460**

2/21

## 5. Officeholder or Candidate Controlled Committee

|  |      |       |     |
|--|------|-------|-----|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Steve Cooley  |      |       |     |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)<br>Held: District Attorney<br>Local |      |       |     |
| 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<br>Committee to Re-elect D.A. Steve Cooley | I.D. NUMBER<br>1293554   |
| NAME OF TREASURER<br>Linda Flaherty                       | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS   | STREET ADDRESS (NO P.O.BOX)  |
| CITY  | STATE ZIP CODE AREA CODE/PHONE   |

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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 checked="" type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary