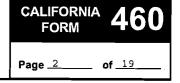
Paciniont Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in ink.			CALIFORNIA FORM 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2006 through12/31/2006	Date of election if applicable: (Month, Day, Year)	07 103 3 14 14 14 CALMER 2011 3	Page 1 of 19 For Official Use Only
			n an	
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored <i>Iso Complete Part 6</i> ) nimarily Formed Candidate/ fficeholder Committee <i>Iso Complete Part 7</i> )	<ul> <li>2. Type of Statement:</li> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement</li> <li>(Also file a Form 410 T</li> <li>Amendment (Explain b</li> <li>ADDING ACCRUED EXPENDED</li> </ul>	t 🗌 Spec Ermination) State Delow)	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1274441	NAME OF TREASURER		
FRIENDS OF SHERIFF LEE BACA		CARY DAVIDSON MAILING ADDRESS	·	
STREET ADDRESS (NO P.O. BOX)	<u> </u>	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	<u>IAMES A. SIVESIND</u> MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	<del></del>	OPTIONAL: FAX / E-MAIL ADD	RESS	
<b>4. Verification</b> I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California         Executed on       02/22/2007         Date         Executed on       02/22/2007         Date         Executed on       02/22/2007         Date       Date         Executed on       Date         Executed on       Date         Executed on       Date	that the foregoing is true and correct. By	bwledge the information contained he Signature of Treasurer or Assistant atrolling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S	Treasurer oponent or Responsible Officer of Sponsor State Measure Proponent State Measure Proponent	es is true and complete. I certify

## Recipient Committee Campaign Statement Cover Page — Part 2

NAME OF OFFICEHOLDER OR CANDIDATE

## COVER PAGE - PART 2



## 5. Officeholder or Candidate Controlled Committee

LEROY BACA			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS SHERIFF LOS ANGELES COUNTY	TRICT NUMBI	ER IF APPLICABLE)	
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 make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
LEE BACA OFFICEHOLDER ACCOUNT	990009
NAME OF TREASURER CARY DAVIDSON	

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	BER
LEE BACA ATTORNEY'S FEES	FUND	990305	5
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
CARY DAVIDSON		K YE	S 🗌 NO
COMMITTEE ADDRESS STR	REET ADDRESS (N	IO P.O. BOX)	
		710.0005	

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

NAME OF BALLOT MEASURE					
BALLOT NO. OR LETTER	JURISDICT	SDICTION		U SUPPORT	
Identify the controlling	officeholder, ca	andidate, or s	tate measure	e proponent, if an	
NAME OF OFFICEHOLDER, O	CANDIDATE, OR P	ROPONENT			
OFFICE SOUGHT OR HELD	HELD DISTRICT NO.		IF ANY		
			·		
Primarily Formed Ca officeholder(s) or candidat					
NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOL	OFFICE SOUGHT OR HELD		
NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOL			
NAME OF OFFICEHOLDER O		OFFICE SOL	GHT OR HELD		

Attach continuation sheets if necessary

OFFICE SOUGHT OR HELD

OPPOSE