Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Турө or print in ink.		RECEIVED BY OS ANGELES COL	CALIFORNIA 2001/02 FORM	COVER PAGE
(Government Code Sections 64200-64216.5)	Statement covers period from07/01/2006	Date of election if applicable: (Month, Day, Year)	D7 APR 24 PM	1: 28 Page 1 For Official	of Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2006	03/02/2004	CAMPAIGN FINAN		
State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. Ballot Measure Committee) Primarily Formed) Controlled) Sponsored Also Complete Part 6) Primarily Formed Candidate/ Difficeholder Committee Also Complete Part 7)	2. Type of Statement:	below)	Quarterly Statement Special Odd-Year Repo Supplemental Preelectic Statement - Attach Form Page	on
3. Committee Information		Treasurer(s) NAME OF TREASURER Richards Barger MAILING ADDRESS			- <u> </u>
STREET ADDRESS (NO P.O. BOX)			STATE	ZIP CODE ARE	A CODE/PHONE
CITY STATE ZIP CO	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	MAILING ADDRESS		<u> </u>	
CITY STATE ZIP CO	ODE AREA CODE/PHONE		STATE	ZIP CODE ARE	A CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS		·

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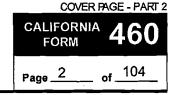
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I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on04/19/2007	ByRichards Barger
Executed on	By
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK

une/01) K-FPPC State of California Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Antonovich

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, County of Los Angeles, District: 5

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. NUMI	I.D. NUMBER	
Antonovich 08		12942	1294240	
NAME OF TREASURER		CONTRO	LED COMMITTEE?	
Richards Barger		X YE	s 🗋 no	
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
<u></u>				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COMMITTEE NAME		I.D. NUM	 BER	
NAME OF TREASURER		CONTRO		
			s 🗌 NO	
COMMITTEE ADDRESS	STREET ADDRESS (I			

CITY STATE

ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	

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	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

FPPC Form 460 (June/01) FPPC Toll-Free Helpiine: 866/ASK-FPPC State of California