Decinient Committee		_		COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in ink.		RECEI VED SOM ANGELES COUNT	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from07/01/2006	Date of election if applicable; (Month, Day, Year)	PAY 18 PM 2:	Page 1 of 1 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2006	11/02/2004/	WPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	EUOUME VEUTUT	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be cover period for filing	rmination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	.D. NUMBER 1235308	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE D.A. Steve Cooley Officeholder Account		NAME OF TREASURER LINDA A. Flaherty MAILING ADDRESS	10 200 100 100 100 100 100 100 100 100 1	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP C	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	,
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS		<u>-</u>
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on S-16-07 Executed on Date Executed on Date	nia that the foregoing is true and correct. By	()	herle Marketer	 ,
Dete	-,	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	