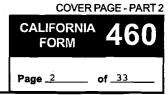
					COVER PAGE
Recipient Committee Type or print in ink. Campaign Statement		Date Stamp		FORNIA 460	
Cover Page	· · · · · · · · · · · · · · · · · · ·			1 1. 1 1	
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:			
		(Month, Day, Year)		Page _	1 of _33
	from01/01/2006			F	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	·			
1. Type of Recipient Committee: All Committees -	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	n e i gente de la transforma de la compañía de la c		
 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central 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 T XX Amendment (Explain b ADDING STREET A	Termination)	Quarterly State Special Odd-Ye Supplemental F Statement - Att	ear Report Preelection
3. Committee Information	I.D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT	1274441			- <u> </u>	
COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTI		NAME OF TREASURER			
FRIENDS OF SHERIFF LEE BACA		CARY DAVIDSON		. <u> </u>	
STREET ADDRESS (NO P.O. BOX)	<u> </u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	0. BOX	MAILING ADDRESS			
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS		<u> </u>
4. Verification					
I have used all reasonable diligence in preparing and review	wing this statement and to the best of my ke	owledge the information coptained he	erein and in the attached	schedules is true	and complete. 1 certify
under penalty of perjury under the laws of the State of Califo	omia that the foregoing is true and correct.		•		
Executed on	By	1 auro	• <u> </u>		
		Signature of TreeSurer or Assistant	t Treasurer		
Executed onDate	By Signature of Co	ntroling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of	of Sponsor	
Executed on	ву	1			
Date		Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		
				F	PPC Form 460 (January/05)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) 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			
LEROY BACA			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS SHERIFF LOS ANGELES COUNTY	FRICT NUMB	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 LEE BACA OFFICEHOLDER ACCOUNT	I.D. NUMBER 990009
NAME OF TREASURER	CONTROLLED COMMITTEE?
CARY DAVIDSON	X YES 🗍 NO

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

ZIP CODE

COMMITTEE NAME	I.D. NUMBER
LEE BACA ATTORNEY'S FEES FUND	990305
NAME OF TREASURER	CONTROLLED COMMITTEE?
CARY DAVIDSON	K YES NO
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)

STATE

STATE

CITY

ZIP CODE AREA CODE/PHONE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME	OF	RAI	I OT	MFA	SURE

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 Candidate/Officeholder 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	SUPPORT OPPOSE
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	SUPPORT

Attach continuation sheets if necessary

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California