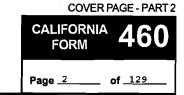
Recipient Committee	•			COVER PAGE
Campaign Statement Cover Page	Type or print in	, ink.	Date Stamp	CALIFORNIA 460
(Government Code Sectione 84200-84218.5)	Statement covers period from03/18/2006	Date of election if applicable: (Month, Day, Year)		Page _1 of _129
SEE INSTRUCTIONS ON REVERSE	through05/20/2006	_		
1. Type of Recipient Committee: All Committee	es - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 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) 	Presiection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain t ADDING STREET	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COM	MITTEE)	NAME OF TREASURER		
STREET ADDRESS (NO P.O. BOX)		CARY DAVIDSON MAILING ADDRESS	STATE	IP CODE AREA CODE/PHONE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASL	RER, IF ANY	- <u>-</u>
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET (DR P.O. BOX	MAILING ADDRESS		
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	IP CODE AREA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADD	RESS	
OPTIONAL: FAX / E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE					
LEROY BACA					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) SHERIFF LOS ANGELES COUNTY					
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 990009	
LEE BACA OFFICEHOLDER ACCOUNT		
NAME OF TREASURER	CONTROLLED COMMITTEE?	
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	i
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
CARY DAVIDSON		K YE	IS 🗌 NO
COMMITTEE ADDRESS STREET A	DDRESS (N	O P.O. BOX)	
	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed 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 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	
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

Type or print in ink.