

**Officeholder and Candidate
Campaign Statement -
Short Form**

(Government Code Section 84206)

Type or print in ink.

RECEIVED BY
LOS ANGELES COUNTY

Date Stamp

JUN 17 PM 3:22

CALIFORNIA
FORM

SHORT FORM
470

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

June 6, 2006

Amendment (explain below)

CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 06

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Andrew "Andres Jason" Ahlering

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/ E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Supervisor - 1st District

JURISDICTION (LOCATION)

Lh County

DISTRICT NUMBER
(IF APPLICABLE)

1st

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Andres en 2006 ██████████ 1284080	██████████	Andrew Ahlering
Committee to Elect Andrew Ahlering 1283618	██████████	Andrew Ahlering

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive ~~less~~ ^{more} than \$1,000 and that I will expend ~~less~~ ^{more} than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

4/16/2006

DATE

By

[Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84209)

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LOS ANGELES COUNTY

FORM 470 SUPPLEMENT

<input type="checkbox"/> Amendment (Explain Below)	Date Stamp 2006 APR 17 PM 3:22	CALIFORNIA FORM 470 For Official Use Only
CAMPAIGN FINANCE DISCLOSURE SECTION		

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Andrew Ahlering

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Supervisor

DATE OF ELECTION (MONTH, DAY, YEAR)

June 6, 2006

DISTRICT NUMBER
(IF APPLICABLE)

First

3. Date Contributions Totalling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

4/16/2006

(MONTH, DAY, YEAR)