Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED AND FILE

in the office of the Secretary of Sta of the State of California

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Statement covers period Date of election if applicable: MAY 2 6 2006 (Month, Day, Year) 03/18/2006 from 06/06/2006 BRUCE MCPHERSO 05/20/2006 SEE INSTRUCTIONS ON REVERSE through Type of Statement 1. Type of Recipient Committee: All Committees - Complete Parts 1.2.3, and 4. Officeholder, Candidate Controlled Committee **Ballot Measure Committee** Pre-election Statement Quarterly Statement O State Candidate Election Committee O Primary Formed Special Odd-Year Report Semi-annual Statement O Recall O Controlled ☐ Supplemental Preelection **Termination Statement** O Sponsored (Also Complete Part 5.) Statement - Attach Form 495 Amendment (Explain below) General Purpose Committee (Also Complete Part 6.) O Sponsored Primary Formed Candidate/ O Small Contributor Committee Officeholder Committee (Also Complete Part 7.) O Political Party/Central Committee I.D.NUMBER Treasurer(s) 3. Committee Information 1222010 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Assessor Rick Auerbach's Officeholder Account Stephen Kaufman MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Betty Ann Downing MAIL INC ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY AREA CODE/PHONE OPTIONAL · FAX/E-MAIL ADDRESS OPTIONAL FAX/E-MAIL ADDRESS 4. Verification 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 perjumpender the laws of the state of California that the foregoing is true and correct.

Executed on

E. STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on.

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on. DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ink.		Date Stamp.	20	COVER PAGE CALIFORNIA 2001/02 JFORM	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from03/18/2006 through05/20/2006	Date of election if applicable: (Month, Day, Year)	APAGE FINENCE Edition for 2: Edition for 2:	17	1 / 5 For Official Use Only	
1. Type of Recipient Committee: All Commit Officeholder, Candidate Controlled Committee Ostate Candidate Election Committee ORecall (Also Complete Part 5.) General Purpose Committee Osponsored Osmall Contributor Committee OPolitical Party/Central Committee	tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election Statem Semi-annual Statem Termination Statem Amendment (Expla	nent ment nent	☐ Special C☐ Supplem	y Statement Odd-Year Report nental Preelection nt - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Assessor Rick Auerbach's Officeholder Account STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	DE AREA CODE/PHONE) BOX	Treasurer(s) NAME OF TREASURER Stephen Kaufman MAILING ADDRESS CITY NAME OF ASSISTANT TREASURE Betty Ann Downing MAILING ADDRESS		ZIP CODE	AREA CODE/PHONE	
OPTIONAL FAX/E-MAIL ADDRESS		CITY OPTIONAL: FAX/F-MAIL ADDRE		ZIP CODE	AREA CODE/PHONE	
4. Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of perjunction is true and complete. I certify under penalty of penalty o	State of Cal	ifornia that the foregoing is true ASSISTANT TREASURER E MEASURE PROPONENT OR RESPONSIBLE , CANDIDATE, STATE MEASURE PROPONEN	and correct. OFFICER OF SPONSOR	,	attached schedules FPPC Form 460 (June/01) Helpline: 866/ASK-FPPC State of Ca lifornia	

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Campaign Statement (Government Code Sections 84200-84216.5)		Type or print in i	Date Stamp	\ 20	iFORNIA 001/02 ORM 460			
		Statement covers period from 03/18/2006	Date of election if applicable: (Month, Day, Year)			1 / 5 For Official Use Only		
SEE	INSTRUCTIONS ON REVERSE	through 05/20/2006	06/06/2006					
<u>1.</u>	Type of Recipient Committee: All Committee	ees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	ent:				
	 ✓ Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) ✓ General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee 	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	⊠ Pre-election States □ Semi-annual States □ Termination States □ Amendment (Explain	ement ment	☐ Special ☐ Suppler	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495		
3.	Committee Information	I.D.NUMBER 1222010	Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Assessor Rick Auerbach's Officeholder Account		NAME OF TREASURER Stephen Kaufman					
	STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS					
	CITY STATE ZIP COL	DE AREA CODF/PHONE	CITY	STATE	7IP CODE	AREA CODE/PHONE		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASU Betty Ann Downing	JRER, IF ANY				
	CITY STATE ZIP COL	DE AREA CODE/PHONE	MAII ING ADDRESS					
	OPTIONAL · FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE		
			OPTIONAL: FAX/E-MAIL ADDRI	ESS				
4.	Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjur Executed on	y under the laws of the State of Ca	lifornia that the foregoing is true		erein and in the	attached schedules		
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER						
	DATE SIGNATURE OF CO	E OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR						
	Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT				EDDC Form ASO / lung/04		
	Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT				FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California		

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA 460

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Officeholder or Candidate Controlled	Committee	6.	Ballot Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE Rick Auerbach			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Held: Assessor County A County Los Ange	ssessor		BALLOT NO. OR LETTER	JURISDICTIO	N [SUPPORT OPPOSE
	CITY STATE ZIP	Identify the controlling officeholder, candid		date, or state measure proj	onent, if any.	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your can	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME Assessor Rick Auerbach Attorney's Fees Fund	I.D.NUMBER 1223494	7.	Primarily Formed (List names of officeholder	(s) er candidate(s) for
NAME OF TREASURER Stephen Kaufman	CONTROLLED COMMITTEE? X YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
CITY STATE ZIF	CODE AREA CODE/PHONE					☐ OPPOSE
COMMITTEE NAME Re-Elect Assessor Rick Auerbach 2006	I.D.NUMBER 1276457		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER Stephen Kaufman	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	.BOX) P CODE AREA CODE/PHONE		Attac	h continuation	sheets if necessary	