Recipient Committee	Type or print in i		ER PAGE
Campaign Statement Cover Page		DECENTED BY CALIFORNIA	60
(Government Code Sections 84200-84216.5)	i	LOO MICH SO COLINTY	UU
	Statement covers period	TOS ANGELES COUNTY FORM	
	from 01-01-06	Date of election if applicable: (Month, Day, Year)	3
	from <u>01-01-06</u>	2006 JUL -5 AM 9: 57 For Official Use On	lu lu
SEE INSTRUCTIONS ON REVERSE	through <u>03-17-06</u>	6-6-06 CAMPAIGN FINANCE	ly
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4	2. Type of Statement: SC OSURE SECTION	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Price Committee All Contributor Committee All Candidate Committee All Ca	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) CHANGE TO SCH. F. EST. WAS LISTED ON FILE 3-21-06 THIS AMENDMENT WITH PROPER AMOUNTS LISTED.	
3. Committee Information	NUMBER 2 +5808	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	E 13808	NAME OF TREASURER	
COMMITTEE TO ELECT PAUL AS SHERIFF	L. Jornich JR	PAUL L. JEVENICAM JR MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
OUT		STATE ZIP CODE AREA CODE	PHONE
CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X .	MAILING ADDRESS	
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE	PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
. Verification			
	this statement and to the best of my know that the foregoing is true and correct.	viewge the information contained herein and in the attached schedules is true and complete. It	ertify
Executed on 7-3-66	Ву	Dul & Jernger	
Executed on	BySignature of Sortin	Olling Officeholder, Cabdinate, State Measurer Proponent or Desponsible Officer of Sponsor	
Executed on	Ву S	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	

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