

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA
2001/02
FORM
460

1/29 A2/2
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 05/21/2006
through 06/30/2006

Date of election if applicable:
(Month, Day, Year)
06/06/2006

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 (Also Complete Part 5.)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee
- Ballot Measure Committee
 Primary Formed
 Controlled
 Sponsored
 (Also Complete Part 6.)
 Primary Formed Candidate/
 Officeholder Committee
 (Also Complete Part 7.)

2. Type of Statement:

- Pre-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)
 - To include street addresses on schedules G
- Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1273146

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Masse for Sheriff

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kelly Lawler

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/24/07 By Kelly Lawler
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/31/07 By [Signature]
 DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT