Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED
Date Stamp
FEB 21 2006
REGISTRAR OF VOTERS
By [illegible] Deputy

COVER PAGE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/05 through 12/31/05

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

Page 01 of 01

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COPY

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

- [x] 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)

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

cover pg address update

3. Committee Information

I.D. NUMBER 980968

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Guillory for Assessor

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

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

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

—

Treasurer(s)

NAME OF TREASURER

Joanne Loveday

MAILING ADDRESS

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

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 — (Date) By — (Signature of Treasurer or Assistant Treasurer)

Executed on 02/17/06 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on — (Date) By — (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on — (Date) By — (Signature of Controlling Officeholder, Candidate, State Measure Proponent)