Recipient Committee Campaign Statement

Executed on

Executed on.

DATE

DATE

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED AND FILED in the office of the Secretary of State of the State of California

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Date of election if applicable MAY 2 6 2006 Statement covers period (Month, Day, Year) Fdr/Official Use Only 01/01/2006 BRUCE MCPHERSON Secretary of State 06/06/2006 SEE INSTRUCTIONS ON REVERSE 03/17/2006 through 1. Type of Recipient Committee: All Committees - Complete Parts 1.2.3, and 4. 2. Type of Statement: N Pre-election Statement Officeholder, Candidate Controlled Committee **Ballot Measure Committee** Quarterly Statement O State Candidate Election Committee O Primary Formed □ Semi-annual Statement Special Odd-Year Report 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.) Schedule A Amended. O Sponsored Primary Formed Candidate/ O Small Contributor Committee Officeholder Committee (Also Complete Part 7.) O Political Party/Central Committee I.D.NUMBER 3. Committee Information Treasurer(s) 1276457 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Re-Elect Assessor Rick Auerbach 2006 NAME OF TREASURER Stephen Kaufman STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS AREA CODEIDUCL CITY STATE ZIP CODE STATE . 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 MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL; FAX/E-MAIL 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/ender the laws of the State of California that the foregoing is true and correct. Executed on Executed on s DIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toil-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	FC	COVER PAGE FORNIA 460 01/02 460
SEE INS	TRUCTIONS ON REVERSE	Statement covers period from 01/01/2006 through 03/17/2006	Date of election if applicable: (Month, Day, Year) (06/06/2006	AMPWAN FMANC SCLOSURE REOR	E F	1 / 20 for Official Use Only
1. Ty	Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate 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 Statem Pre-election State Semi-annual State Termination State Amendment (Expl	ment ement ment ain below)	☐ Special C	v Statement Odd-Year Report ental Preelection nt - Attach Form 495
CO	ommittee Information MMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE -Elect Assessor Rick Auerbach 2006	I.D.NUMBER 1276457	Treasurer(s) NAME OF TREASURER Stephen Kaufman			
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CIT	STATE ZIP CO MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	NAME OF ASSISTANT TREASUBETTY Ann Downing		ZIP CODE	AREA CODE/PHONE	
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OF	PTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			OPTIONAL: FAX/E-MAIL ADDR	ESS		
is E	erification have used all reasonable diligence in preparing and true and complete. I certify under penalty of perjudice and complete. By DATE SIGNATURE OF COMPLETE	system der the laws of the State of Ca	liforniz that the foregoing is true	e and correct.	erein and in the	attached schedules
E	xecuted on By	SIGNATURE OF CONTROLLING OFFICEHOLDER			PPC Form 460 (June/01) Helpline: 866/ASK-FPPC State of California	

Recipient Committee Campaign Statement Cover Page — Part 2

COVE. AGE - PART 2

CALIFORNIA 460

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				NAME OF BALLOT MEASURE					
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				Identify the controlling officeholder, candidate, or state measure proponent, if any.					
				NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
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es Fund	I.D.NUMBER 1223494	******	7.		List names	of officeholder(s	s) or candidate(s) fo		
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1	County Ass Los Angele STREET) C d in this Sta ed by you or are alf of your candi es Fund RESS (NO P.O.B	County Assessor Los Angeles STREET) CITY STATE d in this Statement: List any commited by you or are primarily formed to receive alf of your candidacy. es Fund I.D.NUMBER 1223494 CONTROLLED COMMITTEE X YES NO RESS (NO P.O.BOX) TATE ZIP CODE AREA CODE/I I.D.NUMBER 1222010 CONTROLLED COMMITTEE COMMITTEE COMMITTEE COMMITTEE CONTROLLED COMMITTEE CONTROLLED COMMITTEE	County Assessor Los Angeles STREET) CITY STATE ZIP J in this Statement: List any committees ed by you or are primarily formed to receive alf of your candidacy. LD.NUMBER 1223494 CONTROLLED COMMITTEE? X YES NO RESS (NO P.O.BOX) TATE ZIP CODE AREA CODE/PHONE I.D.NUMBER 1222010 CONTROLLED COMMITTEE?	County Assessor Los Angeles STREET) CITY STATE ZIP In this Statement: List any committees ed by you or are primarily formed to receive alf of your candidacy. I.D.NUMBER 1223494 CONTROLLED COMMITTEE? YES NO RESS (NO P.O.BOX) TATE ZIP CODE AREA CODE/PHONE I.D.NUMBER 1222010 CONTROLLED COMMITTEE?	County Assessor Los Angeles STREET) CITY STATE ZIP Identify the controlling office NAME OF OFFICEHOLDER, CANAME OF OFFICEHOLDER, CANAME OF OFFICEHOLDER, CANAME OF OFFICEHOLDER, CANAME OF OFFICE SOUGHT OR HELD Which this committee is prima NAME OF OFFICEHOLDER OR TATE ZIP CODE AREA CODE/PHONE I.D.NUMBER 1222010 I.D.NUMBER 1222010 NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	County Assessor Los Angeles STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, NAME OF OFFICEHOLDER, CANDIDATE, OR PF In this Statement: List any committees and by you or are primarily formed to receive alf of your candidacy. I.D.NUMBER 1223494 T. Primarily Formed Committee which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE TATE ZIP CODE AREA CODE/PHONE I.D.NUMBER 1222010 I.D.NUMBER 1222010 NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	County Assessor Los Angeles STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD TO Primarily Formed Committee which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOU NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOU	County Assessor Los Angeles STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proposed by you or are primarily formed to receive all of your candidacy. OFFICE SOUGHT OR HELD DISTRICT NO. 1 OFFICE SOUGHT OR HELD T. Primarily Formed Committee which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	