

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

Type or print in ink.

COVER PAGE

Date Stamp <b>5/19</b>	<b>CALIFORNIA 2001/02 FORM 460</b>
①	<b>1/12</b>
For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

<b>Statement covers period</b> from <u>01/01/2006</u> through <u>03/17/2006</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>06/06/2006</u>
---	---

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5.)<br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primary Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6.)<br><input type="checkbox"/> Primary Formed Candidate/Officeholder Committee<br>(Also Complete Part 7.) |
|---|---|

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input checked="" type="checkbox"/> Amendment (Explain below)<br>Schedule A & C: per election to date column calculated and entered _____ | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**3. Committee Information**

I.D. NUMBER  
1279717

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Don Meredith

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  
Ravelle Lyn Greene

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  
909-948-3555

greeneinca@aol.com

**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 5/15/06 By Ravelle Lyn Greene  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/15/06 By Donald D. [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT