

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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Date Stamp	CALIFORNIA 2001/02 FORM	460
06 MAY 27 2006		
Page 11 of 11		For Official Use Only
REGISTRAR OF VOTERS		COUNTY OF RIVERSIDE

Statement covers period from <u>3/18/06</u> through <u>5/20/06</u>	Date of election if applicable: (Month, Day, Year) <u>06/06/06</u>
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SEE INSTRUCTIONS ON REVERSE

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
 - Primarily Formed
 - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

931595

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

ROY WILSON FOR SUPERVISOR

STREET ADDRESS (NO P.O. BOX)

72-825 BEL AIR ROAD

CITY STATE ZIP CODE AREA CODE/PHONE

PALM DESERT, CA 92260 (760) 346-1204

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

ALLAN NYMAN

MAILING ADDRESS

919 INVERNESS DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE

RANCHO MIRAGE, CA 92270 (760) 770-2056

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 20 May 2006
Date

Executed on 21 May 2006
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent