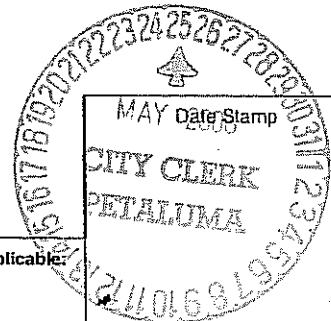


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)



COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 4

A For Official Use Only

Statement covers period	Date of Election if applicable:
from <u>01/01/2006</u>	(Month, Day, Year)
through <u>05/20/2006</u>	

1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
961509

COMMITTEE NAME
Committee to Re-Elect Pamela Torliatt

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
Holly Butler

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]

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 5/24/06 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5-24-06 By [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

Recipient Committee
 Campaign Statement
 Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OF CANDIDATE
 Ms. Pamela M. Torliatt
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 City Council Member, City
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

[REDACTED ADDRESS]

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME Pamela Torliatt for Assembly	I.D. NUMBER 1277156
NAME OF TREASURER Wanden Treanor	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Campaign Disclosure Statement
Summary Page

Statement covers period
from 01/01/2006
through 05/20/2006

CALIFORNIA
FORM 460
Page 3 of 4

NAME OF FILER Ms. Pamela M. Torliatt, Committee to Re-Elect Pamela Torliatt

I.D. NUMBER
961509

Contributions Received

Table with 3 columns: Description, Column A (TOTAL THIS PERIOD), Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Monetary Contributions, Loans Received, SUBTOTAL CASH CONTRIBUTIONS, Nonmonetary Contributions, and TOTAL CONTRIBUTIONS RECEIVED.

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

Summary table for candidates with columns for 1/1 through 6/30 and 7/1 to Date. Rows include Contributions Received and Expenditures Made.

Expenditures Made

Table with 3 columns: Description, Column A (TOTAL THIS PERIOD), Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Cash Payments, Loans Made, SUBTOTAL CASH PAYMENTS, Accrued Expenses, Nonmonetary Adjustment, and TOTAL EXPENDITURES MADE.

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditure Made*
(If Subject to Voluntary Expenditure Limit)

Table for cumulative expenditure with columns for Date of Election (mm/dd/yy) and Total to Date.

Current Cash Statement

Table with 3 columns: Description, Column A, Column B. Rows include Beginning Cash Balance, Cash Receipts, Miscellaneous Increases to Cash, Cash Payments, and ENDING CASH BALANCE.

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

Table with 3 columns: Description, Column A, Column B. Rows include Cash Equivalents and Outstanding Debts.

*Amounts in this section may be different
from amounts reported in Column B.

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2006</u>	
through <u>05/20/2006</u>	Page <u>4</u> of <u>4</u>
NAME OF FILER <u>Ms. Pamela M. Torliatt, Committee to Re-Elect Pamela Torliatt</u>	
I.D. NUMBER <u>961509</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
SUBTOTAL				\$ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0.00
2. Unitemized payments made this period of under \$100.	\$	26.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$	26.00