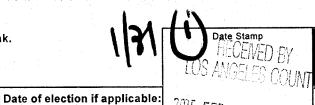
Recipient Committee Campaign Statement Cover Page (Gove

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Type or print in ink.

Statement covers period



CALIFORNIA 2001/02 **FORM**

COVER PAGE

| AMENDMENT | from07/01/2004 through09/30/2004 | 11/02/2004 C | AMPAIGN FINANCE | F COCADI |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------|
| Type of Recipient Committee: All Committees Officeholder, Candidate Controlled Committee Stand English ORIGINAL Recall (Also Complete Part 5) GENERAL General Purpose Offinittee ILING Sponsored Small Contributor Committee Political Party/Central Committee | - Complete Parts 1, 2, 3, and 4. Ballot Measure Committee ○ Primarily Formed ② 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) ADDING NON-MONETARY CONTE | Supplement Statement | d-Year Report tal Preelection - Attach Form 495 |
| . Committee Information | I.D. NUMBER 1251810 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT COMMITTEE FOR PUBLIC SAFETY & HOMELAND ST | | NAME OF TREASURER CARY DAVIDSON MAILING ADDRESS | | |
| STREET ADDRESS (NO PO. BOX) | | CITY LOS ANGELES, CA 90071 | STATE ZIP CODE | AREA CODE/PHONE |
| CITY STATE Z | IP CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF | FANY | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR | P.O. BOX | MAILING ADDRESS | | |
| CITY STATE Z | IP CODE AREA CODE/PHONE | CITY | STATE ZIP CODE | AREA CODE/PHC |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | | |

| Verification | | | 17 | / | | 1 | | | | |
|--------------------------|------------------------------------|----------------------------------|-------------------|----------------|-----------------------|-----------------------------|----------------------|-----------------|------------------|------|
| I have used all reasonal | ble diligence in preparing and rev | viewing this statement and to t | the best of my h | owledge the in | nf ∮r mation o | ontaj n ed herei | n and in the attache | ed schedules is | s true and compl | ete. |
| certify under penalty of | perjury under the laws of the St | ate of California that the foreg | joing is true and | correct. | / | // | | | | |

Executed on

Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

(Month, Day, Year)

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)

Executed on .

Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 | | | | | | |
|---------------------|-------|--|--|--|--|--|
| CALIFORNIA FORM | 460 | | | | | |
| Page 2 | of 39 | | | | | |

| Officeholder or Candidate Controlled Comm | ittee | 6. | Ballot Measure Committ | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----|-------------------------------------------------------------------------------------------------------------|--------------------|---------------|----------------|---------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE Los Angeles County Public Safety, Emergency Response and Crime Prevention Measure | | | | | |
| Lee Baca | | | BALLOT NO. OR LETTER | JURISDICTIO | | | SUPPORT | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Sheriff | CT NUMBER IF APPLICABLE) | ٠. | A | Los Ang | eles | | OPPOSE | |
| Los Angeles County | STATE ZIP | | | | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND OTHER | 311 | | Identify the controlling office | ehoider, car | ndidate, or s | tate measur | e proponent, if al | |
| en in the Cores of the control of the | e e e e e e e e e e e e e e e e e e e | | NAME OF OFFICEHOLDER, CAN | DIDATE, OR PR | OPONENT | | | |
| | | | | | | | | |
| Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your co | or are primarily formed to receive | | OFFICE SOUGHT OR HELD | · | | DISTRICT NO | O. IF ANY | |
| COMMITTEE NAME Lee Baca Attorney's Fee Fund | I.D. NUMBER 990305 | 7 | . Primarily Formed Com | mittee <i>List</i> | names of offi | iceholder(s) o | or candidate(s) for | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | • | which this committee is prima | arily formed. | | | | |
| Cary Davidson | YES NO | | NAME OF OFFICEHOLDER OR C | CANDIDATE | OFFICE SO | UGHT OR HEL | LI SUPPORT | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. | BOX) | | | | | | OPPOSE | |
| STATE ZIF | CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SO | UGHT OR HEL | D SUPPORT | |
| CITY SIATE ZIP | 11 12 4 | | | | | | OPPOSE | |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SC | OUGHT OR HEL | D SUPPORT | |
| Lee Baca OfficeHolder Account | 990009 | | | | | | OPPOSE | |
| WALL OF TOPACUEED | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SC | OUGHT OR HEL | D SUPPORT | |
| NAME OF TREASURER Cary Davidson | 1 YES □ NO | | | | | . * | OPPOSE | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. | . BOX) | | | | <u></u> | | | |
| 1 520 W HEART EVOLUTION | | | | | | | | |
| CITY STATE ZI | P CODE AREA CODE/PHONE | | Atta | ch continua | tion sheets i | if necessary | | |
| · · · · · · · · · · · · · · · · · · · | 5 (1) 1213, 026-17 C | | | | | | | |