

**Recipient Committee  
Campaign Statement**

(Gov)

**PRIMARY  
3<sup>rd</sup> FILING  
ORIGINAL**

7/6/04

COVER PAGE - LONG FORM

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DISCLOSURE SECTION

CALIFORNIA FORM **460**

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A For Official Use Only  
**015455**  
**CO 6907**

Statement covers period  
from 02/15/2004  
through 06/30/2004

Date of Election If applicable:  
(Month, Day, Year)  
03/02/2004

**1. Type of Recipient Committee:**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- 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  
1260482

COMMITTEE NAME  
Committee to Elect Guy Mato Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

STREET 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  
John Oye

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY  
David L. Gould

STREET 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 07/26/2004  
DATE

Executed on 07/26/2004  
DATE

Executed on 07/26/2004  
DATE

Executed on 07/26/2004  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee  
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**5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Guy Mato

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Board of Supervisors, District 2, Los Angeles

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

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

**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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

**7. Primarily Formed 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