

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**1<sup>st</sup> FILING  
ORIGINAL**

COVER PAGE

Date Stamp <b>4</b>	<b>CALIFORNIA 2001/02 FORM</b>
	<b>460</b>
	Page <u>1</u> of <u>6</u>
	For Official Use Only <b>01473 CO 6527</b>

Statement if applicable:  
(Month, Day, Year)

3/2/2004

from 7/1/03

through 9/30/03

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement     | <input checked="" type="checkbox"/> Quarterly Statement                          |
| <input type="checkbox"/> Semi-annual Statement     | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement     | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) |  |

**3. Committee Information**

ID NUMBER  
**1253061**

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

Committee to Elect Tom Higgins

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

Diane Higgins

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Casey Higgins

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 Oct 22, 2003  
Date

Executed on Oct 22, 2003  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Diane L. Higgins / Casey Higgins  
Signature of Treasurer or Assistant Treasurer

By Thomas R. Higgins  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE				
Tom Higgins				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Los Angeles County District Attorney				
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)	CITY	STATE	ZIP	
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	

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

COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. 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 Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

*Attach continuation sheets if necessary*