		Discipod by	COVER PAGE - LONG FORM	
Recipient Committee Campaign Statement		Los Date Stamp	ty california 460	
PRIMARY			3 Page 1 of 7	
2 nd FILING	Statement covers period	Date of Election if applicable:	A For Official Use Only	
ORIGINAL	from01/18/2004_	(Month, Day, Year) 03/02/2004	015433	
	through 02/14/2004		0090	
. Type of Recipient Committee		2. Type of Statement:		
 ☑ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Primarily Formed ☐ Controlled ☐ Sponsored 		☑ Pre-election Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election ☐ Amendment (Explain below) Statement - Attach Form 495		
General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Candidate Officeholder Committee			
. Committee Information	I.D. NUMBER 1260482	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER John Oye		
Committee to Elect Guy Mato Sup	pervisor	STREET ADDRESS .		
STREET ADDRESS (NO P.O. BOX)		CITY STATE	ZIP CODE AREA CODE/PHONE	
STATE STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY David L. Gould	MAKEET STATE	
		STREET ADDRESS		
27.77	TIO CODE ADEA CODE IQUONE			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE		ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE	CITY STATE.	ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing	g and reviewing this statement and to	OPTIONAL: FAX/E-MAIL ADDRESS of the best of my knowledge the information contained		
OPTIONAL: FAX/E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing is true and complete. I certify under penalty of page 10.00 ft. (200.00).	g and reviewing this statement and to perjury under the laws of the State of	OPTIONAL: FAX/E-MAIL ADDRESS of the best of my knowledge the information contained		
OPTIONAL: FAX/E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing	g and reviewing this statement and to	OPTIONAL: FAX/E-MAIL ADDRESS of the best of my knowledge the information contained		
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Recipient Committee Campaign Statement Cover Page - Part 2

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CALIFO FORM	PRNIA 4	60
Page	² of	. 7

		NAME OF BALLOT MEASURE	7 9 1 1 1 1 1 1 1 1		
Guy Mato					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A	PPLICABLE)	BALLOT NO. OR LETTER JURISDICTION			
Board of Supervisors, District 2,		JOHISDICTION		SUPPORT	
RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP CODE		SE LOS BURGOS SE LA 17	OPPOSE	
	Zimiz Zim GOOZ	Identify the controlling officeholder	r, candidate, or state measure p	roponent, if any.	
ce	1.00	NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT			
elated Committees Not Included in this Stateme	nt: List any committees				
not included in this consolidated statement that are controlled	by you or which are primarily	OFFICE SOUGHT OR HELD	Inove	27.112.17.1131	
ormed to receive contributions or to make expenditures on be	half of your candidacy.		DISTRI	CT NO. IF ANY	
OMMITTEE NAME	I.D. NUMBER	Experience of the second second			
		7. Primarily Formed Committee			
AME OF TREASURER			Similitee		
	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT	
				OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE	
			STIES SOCIAL ON HELD	SUPPORT	
			The state of the s	OPPOSE	
DMMITTEE NAME	Lo www.	NAME OF OFFICE HOLDER OF A MICHAEL			
OMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD		
		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
	I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
AME OF TREASURER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
ME OF TREASURER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
OMMITTEE NAME OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	