

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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1st FILING
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COVER PAGE

CALIFORNIA 460
2001/02
FORM

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For Official Use Only

Statement covers period
from 07/01/2004
through 09/30/2004

Date of election if applicable:
(Month, Day, Year)

11/02/2004

Date Stamp
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SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1251810

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE FOR PUBLIC SAFETY & HOMELAND SECURITY-YES ON A

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

CARY DAVIDSON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

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 10-5-04
Date

By Cary Davidson
Signature of Treasurer or Assistant Treasurer

Executed on 10/9/04
Date

By Jerry A. Bass
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: LEE BACA. OFFICE SOUGHT OR HELD: SHERIFF. JURISDICTION: LOS ANGELES COUNTY.

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: LEE BACA ATTORNEY'S FEES FUND. I.D. NUMBER: 990305. NAME OF TREASURER: CARY DAVIDSON. CONTROLLED COMMITTEE? YES.

COMMITTEE NAME: LEE BACA OFFICEHOLDER ACCOUNT. I.D. NUMBER: 990009. NAME OF TREASURER: CARY DAVIDSON. CONTROLLED COMMITTEE? YES.

6. Ballot Measure Committee

NAME OF BALLOT MEASURE: LOS ANGELES COUNTY PUBLIC SAFETY, EMERGENCY RESPONSE AND CRIME PREVENTION MEASURE. BALLOT NO. OR LETTER: A. JURISDICTION: LOS ANGELES COUNTY. SUPPORT: YES.

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.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, and SUPPORT/OPPOSE checkboxes. All support checkboxes are empty.

Attach continuation sheets if necessary