

# GENERAL 2<sup>nd</sup> FILING ORIGINAL

COVER PAGE

## Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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| Date Stamp<br>Los Angeles<br>7:28 OCT 22 AM 11:02<br>F.E. 10-21<br>Campaign Finance<br>Disclosure Section<br>11187<br>CO5443 | <b>CALIFORNIA 460</b><br>2001/02<br>FORM<br>Page <u>2</u> of <u>7</u><br>For Official Use Only |
|--|--|

|  |  |
|--|--|
| Statement covers period<br>from <u>10/01/2004</u><br>through <u>10/16/2004</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/02/2004</u> |
|--|--|

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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small><br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><small>(Also Complete Part 7)</small> |
|---|---|

### 2. Type of Statement:

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

### 3. Committee Information

I.D. NUMBER  
990009

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
LEE BACA OFFICEHOLDER ACCOUNT

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 10-21-04  
Date

By Cary Davidson  
Signature of Treasurer or Assistant Treasurer

Executed on 10/21/04  
Date

By Lee Baca  
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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE LEE BACA OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) SHERIFF LOS ANGELES COUNTY RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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 COMMITTEE FOR PUBLIC SAFETY & HOMELAND SECURITY YES ON A I.D. NUMBER 1251810

NAME OF TREASURER CARY DAVIDSON CONTROLLED COMMITTEE? [X] YES [ ] NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME LEE BACA ATTORNEY'S FEES FUND I.D. NUMBER 990305

NAME OF TREASURER CARY DAVIDSON CONTROLLED COMMITTEE? [X] YES [ ] NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION [ ] SUPPORT [ ] 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 [ ] SUPPORT [ ] OPPOSE

Attach continuation sheets if necessary