Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 460 FORM
2001/02

Statement covers period	Date of election if applicable: (Month, Day, Year)	Page 1 of 32

from __01/01/2005__

SEE INSTRUCTIONS ON REVERSE

through __06/30/2005__

For Official Use Only

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

[X] Officeholder, Candidate Controlled Committee
   ◯ State Candidate Election Committee
   ◯ Recall
   (Also Complete Part 5)

[ ] General Purpose Committee
   ◯ Sponsored
   ◯ Small Contributor Committee
   ◯ Political Party/Central Committee

[ ] Primarily Formed Ballot Measure Committee
   ◯ Controlled
   ◯ Sponsored
   (Also Complete Part 6)

[ ] Primarily Formed Candidate/ Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:

[ ] Preelection Statement
[X] Semi-annual Statement
[ ] Termination Statement
   (Also file a Form 410 Termination)
[ ] Amendment (Explain below)

[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 990305

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

LEE BACA ATTORNEY'S FEES FUND

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 __7-27-05__ By _____ Signature of Treasurer or Assistant Treasurer

Executed on __7/26/05__ By X _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

**Recipient Committee
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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. Primarily Formed 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 Candidate/Officeholder 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	[ ] SUPPORT [ ] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	[ ] SUPPORT [ ] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	[ ] SUPPORT [ ] OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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

Related Committees Not Included In this Statement: List any committees
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COMMITTEE NAME	I.D. NUMBER
Friends of Sheriff Lee Baca	1274441

NAME OF TREASURER	CONTROLLED COMMITTEE?
Cary Davidson	☑ YES ☐ NO

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?
	☐ YES ☐ NO

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary