

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

4 Date Stamp  
 12 12 PM 4:05  
 COUNTY OF LOS ANGELES  
 REGISTERED MAIL

**CALIFORNIA FORM 460**  
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 A For Official Use Only  
015455  
CO6907

Statement covers period  
 from 01/01/2003  
 through 12/31/2003

Date of Election if applicable:  
 (Month, Day, Year)  
03/02/2004

## 1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1260482

COMMITTEE NAME  
Committee to Elect Guy Mato Supervisor

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS  
 [REDACTED]

## Treasurer(s)

NAME OF TREASURER  
John Oye

STREET ADDRESS  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
David L. Gould

STREET ADDRESS  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS  
 [REDACTED]

## 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 01/07/2004  
 DATE

Executed on 01/07/2004  
 DATE

Executed on 01/07/2004  
 DATE

Executed on 01/07/2004  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
 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  
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**5. Officeholder or Candidate Controlled Committee**    **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OF CANDIDATE

Guy Mato

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

Board of Supervisors, Los Angeles District 2

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

[REDACTED ADDRESS]

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
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?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

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**

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