

**Recipient Committee  
Campaign Statement  
Cover Page**

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COVER PAGE

**2<sup>nd</sup> FILING  
ORIGINAL**

Date Stamp <b>4</b>	CALIFORNIA 2001/02 FORM	<b>460</b>
	Page <u>1</u> of <u>8</u>	
	For Official Use Only <b>014773 CO 6527</b>	

Statement covers period from <u>Oct. 1, 2003</u> through <u>Dec. 31, 2003</u>	Date of election if applicable: (Month, Day, Year) <u>Mar. 2, 2004</u>
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**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4**

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

**2. Type of Statement:**

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

**3. Committee Information**

ID NUMBER  
**1253061**

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

Committee to Elect Tom Higgins

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted] CA 94750 925 592 2207

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted] CA 94750 925 592 2207

OPTIONAL FAX / E-MAIL ADDRESS

[Redacted]

**Treasurer(s)**

NAME OF TREASURER

Diane Higgins

MAILING ADDRESS

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted] CA 94750 925 592 2207

NAME OF ASSISTANT TREASURER, IF ANY

Casey Higgins

MAILING ADDRESS

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted] CA 94750 925 592 2207

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 Jan 7, 2004  
Date

By Diane Higgins / Treasurer Casey Higgins, Asst. Treasurer  
Signature of Treasurer or Assistant Treasurer

Executed on Jan 7, 2004  
Date

By Tom Higgins  
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

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COVER PAGE - PART 2

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM		<b>460</b>
Page	2	of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Tom Higgins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Los Angeles County District Attorney

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

**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	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<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

Attach continuation sheets if necessary