

**Recipient Committee
Campaign Statement
Cover Page — Part 2**



Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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4. 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 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? _____

YES NO

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

CITY STATE ZIP CODE AREA CODE/PHONE _____

5. 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 _____

6. 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

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

7. 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 12-31-2000
DATE

By _____

Executed on _____
DATE

By _____
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