

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

**1<sup>st</sup> FILING  
ORIGINAL**

COVER PAGE

Date Stamp ① 10-9 OCT 15 PM 12:20 COUNTY OF LOS ANGELES REGISTRATION	<b>CALIFORNIA 2001/02 FORM 460</b>
	1 / 122
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Statement covers period  
from 07/01/2003  
through 09/30/2003

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

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

**2. Type of Statement:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input 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 4 |
| <input type="checkbox"/> Amendment (Explain below)         |  |

**3. Committee Information**

I.D. NUMBER  
1251252

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
- Friends Of Antonovich 2004

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] (818) 260-0669

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS  
(818) 260-0657

**Treasurer(s)**

NAME OF TREASURER  
Richards Barger

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] (818) 260-0669

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 10/09/2003 By Richards Barger  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/09/2003 By Michael Antonovich  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>
2 / 122

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Mike Antonovich

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Held: Board of Supervisors Board Of Supervisors  
County Los Angeles County 05

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] [REDACTED] CA 91500

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME Michael D. Antonovich Officeholder Account	I.D. NUMBER 971139
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NAME OF TREASURER Richards Barger	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" 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

Attach continuation sheets if necessary