

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200 - 84216 5)

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COVER PAGE - LONG FORM

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 CALIFORNIA FORM **460**
 Page: 1 of 71
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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

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

ID NUMBER
 1250105

COMMITTEE NAME
 Committee to Reelect D.A. Steve Cooley

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
 Linda Flaherty

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 George Leary

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 10/09/2003 By Linda A. Flaherty
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/09/2003 By [Signature]
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 10/09/2003 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on 10/09/2003 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee
 Campaign Statement
 Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE
 Steve Cooley

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

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

NAME OF BALLOT MEASURE

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

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

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

COMMITTEE NAME	ID NUMBER
D.A. Steve Cooley Officeholder Account	1235308
NAME OF TREASURER	CONTROLLED COMMITTEE?
Linda Flaherty	

7. Primarily Formed Committee

COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

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

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