

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

**SEMI-ANNUAL
ORIGINAL**

COVER PAGE

Date Stamp 7/21 RECEIVED E.D.	CALIFORNIA 460 2001/02 FORM
	Page <u>1</u> of <u>12</u>
	For Official Use Only 014773 C06527

Statement covers period
from 1/1/2003
through 6/30/2003

Date of election if applicable:
(Month, Day, Year)
3 JUL 23 11:17
3/2/2004

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"/> Primarily Formed |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<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 type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
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)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Diane Higgins

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER IF ANY

Casey Higgins

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 7/21/04
Date

Executed on 7-21-03
Date

Executed on _____
Date

Executed on _____
Date

By Diane Higgins
Signature of Treasurer or Assistant Treasurer

By Tom Higgins
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
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Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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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 ADDRESS]

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?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME ID NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. 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

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
 SUPPORT
 OPPOSE

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