Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statement covers period		CALIFORNIA ACO
from	07/01/2004	FORM 400
through_	09/30/2004	Page3 of7
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LEE BACA ATTORNEY'S FEES FUND Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 \$ ___ 300.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00 300.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$ _____ 300.00 0.00 **Expenditures Made** Expenditure Limit Summary for State 45,104.36 Candidates 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _____9,187.66__ (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 **Current Cash Statement** To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above 0.00 corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last report. Some amounts in 15. Cash Payments Column A, Line 8 above 9,187.66 Column A may be negative 3,553.20 figures that should be 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ ____ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 0.00 FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ___ FPPC Toll-Free Helpline: 866/ASK-FPPC

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