

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**2<sup>nd</sup> FILING  
ORIGINAL**

COVER PAGE

Date Stamp <b>1/9/04 (3)</b>	<b>CALIFORNIA 2001/02 FORM</b>
	<b>460</b>
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For Official Use Only <b>000007</b> <b>0010491</b>	

Statement covers period  
from 10/01/2003  
through 12/31/2003

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"/> Primarily Formed                                      |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Controlled  |
| <small>(Also Complete Part 5)</small>  | <input type="checkbox"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                               | <small>(Also Complete Part 6)</small>  |
| <input type="checkbox"/> Sponsored   | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee                             | <small>(Also Complete Part 7)</small>  |
| <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<br>Statement - Attach Form 495 |
| <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] [REDACTED] 909 869

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

Richards Barger

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] [REDACTED] 909 869

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 01/08/2004  
Date

Executed on 01/08/2004  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Richards Barger  
Signature of Treasurer or Assistant Treasurer

By Michael Antonovich  
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



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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

Mike Antonovich

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

Board Of Supervisors, Los Angeles County, District: 05

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED]

**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 I.D. NUMBER

Michael D. Antonovich Officeholder Account 971139

NAME OF TREASURER CONTROLLED COMMITTEE?

Richards Barger  YES  NO

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

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

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