COVER PAGE - LONG FORM

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

Date Stamp

JAN 28 2002

FILED
DEPARTMENT OF VOTERS
Deputy

CALIFORNIA FORM 460

For Official Use Only

COPY

Statement covers period from 01/01/2002 through 01/19/2002

Date of Election if applicable: (Month, Day, Year) 03/05/2002

1. Type of Recipient Committee:

- [x] Officeholder, Candidate Controlled Committee
- [ ] Primarily Formed Candidate/ Officeholder Committee
- [ ] Ballot Measure Committee
  - O Primarily Formed
  - O Controlled
  - O Sponsored
- [ ] General Purpose Committee
  - O Sponsored
  - O Broad Based

2. Type of Statement:

- [x] 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

I.D. NUMBER: 1241200

COMMITTEE NAME: Tom Daly 2002

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: [redacted]

CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

OPTIONAL: FAX/E-MAIL ADDRESS: ( ) /

Treasurer(s)

NAME OF TREASURER: Corliss Delameter

MAILING ADDRESS: [redacted]

CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY: STATE: ZIP CODE: AREA CODE/PHONE: ( )

OPTIONAL: FAX/E-MAIL ADDRESS:

Recipient Committee
Campaign Statement
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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Daly

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

Clerk-Recorder, District n/a

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

[redacted]

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.*

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE?

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

CITY STATE ZIP CODE AREA CODE/PHONE

5. 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

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD

7. 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 01/23/02 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 01/23/02 (DATE) By Tom Daly (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Campaign Disclosure Statement
Summary Page

Statement covers period from 01/01/2002 through 01/19/2002

CALIFORNIA FORM 460

NAME OF FILER Tom Daly, Tom Daly 2002

I.D. NUMBER 1241200

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... *Schedule A, Line 3*	$ 6,900.00	$ 6,900.00
2. Loans Received ..... *Schedule B, Line 7*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2*	$ 6,900.00	$ 6,900.00
4. Non-monetary Contributions ..... *Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4*	$ 6,900.00	$ 6,900.00

Expenditures Made

6. Cash Payments ..... *Schedule E, Line 4*	$ 0.00	$ 0.00
7. Loans Made ..... *Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7*	$ 0.00	$ 0.00
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3*	0.00	12,089.50
10. Nonmonetary Adjustment ..... *Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10*	$ 0.00	$ 12,089.50

Current Cash Statement

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16*	$ 3,400.00
13. Cash Receipts ..... *Column A, Line 3 above*	6,900.00
14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4*	0.00
15. Cash Payments ..... *Column A, Line 8 above*	0.00
16. **ENDING CASH BALANCE** *Add Lines 12 + 13 + 14, then subtract Line 15*	$ 10,300.00

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	$ 0.00
19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column C above*	$ 12,089.50

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 10,300	0
21. Expenditures Made	$ 0	0

Expenditure Limit Summary for State Candidates

22. Cumulative Exenditure Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

Schedule A
Monetary Contributions Received

Statement covers period
from 01/01/2002
through 01/19/2002

CALIFORNIA FORM 460

NAME OF FILER Tom Daly, Tom Daly 2002

I.D. NUMBER 1241200

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/19/2002	Anaheim Place Partners [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125.00	125.00	125.00 (P02)
01/15/2002	Donald Baldwin [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00 (P02)
01/17/2002	James Beam [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Developer Beam & Associates	250.00	250.00	250.00 (P02)
01/18/2002	Care Ambulance Service, Inc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 (P02)
01/17/2002	Charter Land Company [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 (P02)

SUBTOTAL $ 1,225.00

Monetary Contributions Summary

1. Amount received this period - contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 6,900.00
2. Amount received this period - contributions of less than $100. (Do not itemize.) ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $ 6,900.00

SCHEDULE A (cont.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period from 01/01/2002 through 01/19/2002

CALIFORNIA FORM 460

NAME OF FILER Tom Daly, Tom Daly 2002

I.D. NUMBER 1241200

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/19/2002	Keith Curry [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Director Public Financial Management	250.00	250.00	250.00 (P02)
01/19/2002	Disney Way Partners [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125.00	125.00	125.00 (P02)
01/17/2002	Frank Feldhaus [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Quality Telecommunication	250.00	250.00	250.00 (P02)
01/19/2002	Glen Forest Apt. Community [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 (P02)
01/17/2002	Gary Granville [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clerk-Recorder County of Orange	1,000.00	1,000.00	1,000.00 (P02)
01/17/2002	Mary Lee [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Carollo Engineers	250.00	250.00	250.00 (P02)

SUBTOTAL $ 2,375.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period from 01/01/2002 through 01/19/2002

CALIFORNIA FORM 460

I.D. NUMBER 1241200

NAME OF FILER Tom Daly, Tom Daly 2002

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/19/2002	Carl Nelson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Engineer Consultant Self-employed	100.00	100.00	100.00(P02)
01/19/2002	Odle & Associates [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00(P02)
01/17/2002	Stan Pawlowski [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Banking U.S. Bank	100.00	100.00	100.00(P02)
01/09/2002	Piyal, LLC [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	1,000.00(P02)
01/09/2002	Ramada, dba Best Western Laguna Brisas Spa Hotel [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	1,000.00(P02)
01/09/2002	Somahari, dba Hotel Circle Inn & Suites [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	1,000.00(P02)

SUBTOTAL $ 3,300.00