Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILE

Date Stamp

JAN 31 2005

REGISTRAR OF VOTERS By _____ Deputy

CALIFORNIA FORM 460

A For Official Use Only

Statement covers period from 07/01/2004 through 12/31/2004

Date of Election if applicable: (Month, Day, Year)

1. Type of Recipient Committee:

- [x] Officeholder, Candidate Controlled Committee
  - O State Candidate Election Committee
  - O Recall
- [ ] General Purpose Committee
  - O Sponsored
  - O Small Contributor Committee
  - O Political Party/Central Committee
- [ ] Ballot Measure Committee
  - O Primarily Formed
  - O Controlled
  - O Sponsored
- [ ] Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- [ ] Pre-election Statement
- [x] 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: AREA CODE/PHONE: [redacted]

STREET 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: Barrett Garcia

STREET ADDRESS: [redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 1-13-05 (DATE) By Barrett [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 1-20-05 (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)

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Tom Daly

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

Other, District n/a, Orange County

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

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

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

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

Campaign Disclosure Statement
Summary Page

Statement covers period from 07/01/2004 through 12/31/2004

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*	$ 0.00	$ 0.00
2. Loans Received ..... *Schedule B, Line 7*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2*	$ 0.00	$ 0.00
4. Non-monetary Contributions ..... *Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4*	$ 0.00	$ 0.00

Expenditures Made

6. Cash Payments ..... *Schedule E, Line 4*	$ 150.00	$ 300.00
7. Loans Made ..... *Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7*	$ 150.00	$ 300.00
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment ..... *Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10*	$ 150.00	$ 300.00

Current Cash Statement

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16*	$ 2,378.27
13. Cash Receipts ..... *Column A, Line 3 above*	0.00
14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4*	0.00
15. Cash Payments ..... *Column A, Line 8 above*	150.00
16. **ENDING CASH BALANCE** *Lines 12 + 13 + 14, then subtract Line 15*	$ 2,228.27

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*	$ 0.00

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	$ 0	0
21. Expenditures Made	$ 0	0

Expenditure Limit Summary for State Candidates

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

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

SCHEDULE E

Schedule E
Payments Made

Statement covers period
from 07/01/2004
through 12/31/2004

CALIFORNIA FORM 460

NAME OF FILER Tom Daly, Tom Daly 2002

I.D. NUMBER 1241200

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Barrett Garcia [redacted]	PRO		150.00

SUBTOTAL $ 150.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 150.00
2. Unitemized payments made this period of under $100. ..... $ 0.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL** $ 150.00