COVER PAGE

lecipient Committee
:ampaign Statement

lovernment Code Sections 84200-84216.5)

Type or print in ink.

FILE

Date Stamp

JAN 2 4 2002

REGISTRAR OF VOTERS

By _____ Deputy

CALIFORNIA FORM 460

Page 1 of 10

For Official Use Only

COPY

:E INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/02 through 01/19/02

Date of election if applicable: (Month, Day, Year) March 5, 2002

. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- [x] Officeholder, Candidate Controlled Committee *(Also Complete Part 4.)*
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 5.)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 6.)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ 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

. Committee Information

I.D. NUMBER: 93-0371

COMMITTEE NAME: JIM SILVA FOR SUPERVISOR

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:

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

OPTIONAL: FAX/E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER: CONNIE SILVA

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:

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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? ☐ YES ☐ NO

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

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

Attach continuation sheets if necessary

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 Connie Silva (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 01/23/02 (DATE) By Lisa Silva (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

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

SUMMARY PAG

CALIFORNIA FORM 460

Statement covers period
from 01/01/02
through 01/19/02

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JIM SILVA FOR SUPERVISOR

I.D. NUMBER
93-0371

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 4,980.00	$ 4,908.00
2. Loans Received	Schedule B, Line 7	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 4,980.00	$ 4,980.00
4. Nonmonetary Contributions	Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4,980.00	$ 4,980.00

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	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 15,690.63	$ 15,690.63
7. Loans Made	Schedule H, Line 7	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 15,690.63	$ 15,690.63
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 15,690.63	$ 15,690.63

Expenditure Limit Summary for State Candidates

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

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 145,851.23
13. Cash Receipts	Column A, Line 3 above	4,980.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
15. Cash Payments	Column A, Line 8 above	15,690.63
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 135,140.60

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ -0-
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ -0-

Schedule A
Monetary Contributions Received

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

Statement covers period
from 01/01/02
through 01/19/02

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

I.D. NUMBER: 93-0371

DATE RECEIVED	FULL NAME, STREET 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)	PER-ELECTION TO DATE (IF REQUIRED)
	See attached page 5 thru 6 for itemization of Sch A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 4,875.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 105.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4,980.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE A____CALIFORNIA FORM 460....PAGE 5 THRU 10

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/02 THRU 01/19/02

JIM SILVA FOR SUPERVISOR - ID# 93-0371

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
02-01/03	Associated Engineers, Inc. [redacted]	OTH		500.00	500.00	500.00
	Mel Blumenthal [redacted]	IND	Attorney Self, Same	100.00	100.00	100.00
02-01/03	Camp Dresser & McKee, Inc [redacted]	OTH		250.00	250.00	250.00
02-01/03	Earth Mechanics, Inc. [redacted]	OTH		250.00	250.00	250.00
02-01/03	J. Michael Fenlon, M.D. [redacted]	IND	Physician Self, Same	100.00	100.00	100.00
02-01/03	I.B.E.W. Educational Committee [redacted]	COM	Multicandidate Federal Committee	1000.00	1000.00	1000.00
02-01/14	NAIOP, Pac ID# 95-0520 [redacted]	COM		500.00	500.00	500.00
02-01/03	Reinforcing Iron Workers Local Union 416 [redacted]	OTH		100.00	100.00	100.00

Subtotal: 2,800.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 6 THRU 10

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/02 THRU 01/19/02

JIM SILVA FOR SUPERVISOR - ID# 93-0371

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CNTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
02-01/03	Kenneth Ryder [redacted] [redacted]	IND	Attorney Pinto & Dubia	125.00	125.00	125.00
02-01/10	Sempra Energy [redacted]. [redacted]	OTH		500.00	500.00	1000.00
02-01/03	Standard Pacific of Orange County [redacted] [redacted]	OTH		1000.00	1000.00	1000.00
02-01/03	URS Corporation [redacted]. [redacted]	OTH		250.00	250.00	250.00
02-01/03	L.M. Werner [redacted] [redacted]	IND	Principal Werner Corp.	200.00	200.00	325.00

Subtotal: 2,075.00

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 01/01/02
through 01/19/02

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIM SILVA FOR SUPERVISOR

I.D. NUMBER
93-0371

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ -0-
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 45.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 45.00

SCHEDU

Schedule E
Payments Made

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

Statement covers period
from 01/01/02
through 01/19/02

CALIFORNIA FORM 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JIM SILVA FOR SUPERVISOR

I.D. NUMBER
93-0371

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
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/spon
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See attached page 9 thru 10 for itemizations of Sch E				

SUBTOTAL $

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 15,493.72
2. Unitemized payments made this period of under $100 ..... $ 196.91
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 15,690.63

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 01/01/02 thru 01/19/02

JIM SILVA FOR SUPERVISOR - ID# 93-0371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Visa [redacted]		Vendors exceeding $99.99 listed below	2262.22
Vendor: Hyatt Hotels Irvine.....$744.85 [redacted]	FND		
Vendor: Mimi's Cafe .....$120.62 [redacted]	OFC		
Vendor: Ralphs #0131.....$238.78 [redacted]	OFC		
Vendor: Captain Jacks.....$200.00 [redacted]	OFC		
Vendor: Honey Baked Ham.....$225 [redacted]	OFC		
USPO [redacted]	POS		631.50
Gilliard & Blanning [redacted]	CNS		3500.00

Subtotal: 6,393.72

Schedule E ___California FORM 460.....PAGE 10 OF 10

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 01/01/02 thru 01/19/02

JIM SILVA FOR SUPERVISOR - ID# 93-0371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Erik Weigand [redacted]	CNS		9000.00
Sharon Anderson [redacted]	OFC		100.00

Subtotal: 91,000.00