Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp

COVER PAGE

CALIFORNIA 2001/02 FORM 460

For Official Use Only

COPY

Statement covers period from 01/20/02 through 02/16/02

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- [ ] Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [x] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 93-0371

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

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

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 02/20/02 (Date) By Connie Silva (Signature of Treasurer or Assistant Treasurer)

Executed on 02/20/02 (Date) By Jim 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)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Silva

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

Orange County Supervisor - 2nd District

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

NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO

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? ☐ 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
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

Statement covers period from 01/20/02 through 02/16/02

SUMMARY PAGE

CALIFORNIA FORM 460

Page 3 of 13

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	$ 5,295.00	$ 10,275.00
2. Loans Received	Schedule B, Line 7	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 5,295.00	$ 10,275.00
4. Nonmonetary Contributions	Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5,295.00	$ 10,275.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 11,709.00	$ 27,399.63
7. Loans Made	Schedule H, Line 7	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 11,709.00	$ 27,399.63
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 7	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 11,709.00	$ 27,399.63

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 135,140.60
13. Cash Receipts	Column A, Line 3 above	5,295.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
15. Cash Payments	Column A, Line 8 above	11,709.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 128,726.60

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

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

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).

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-

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	$	$

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.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 01/20/02
through 02/16/02

Page 4 of 10

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 pages 5 thru 7 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.) ..... $ 5,025.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 270.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,295.00

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

SCHEDULE A ____ CALIFORNIA FORN 460....PAGE 5 THRU 10

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/20/02 THRU 02/16/02

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)
02-01/21	Alan F. Airth [redacted]	IND	Commercial Realtor The Koll Company	100.00	100.00	100.00
02-01/23	Bahia Corinthian Yacht Club [redacted]	OTH		150.00	150.00	150.00
02-01/28	Belczak & Sons, Inc. [redacted]	OTH		150.00	150.00	900.00
02-02/04	Carter & Burgess, Inc [redacted]	OTH		250.00	250.00	250.00
02-01/23	Law Offices of Curtis L. Coleman [redacted]	OTH		250.00	250.00	250.00
02-01/28	Felix Continental Cafe [redacted]	OTH		100.00	100.00	100.00
02-01/28	Gradient Engineers, Inc. [redacted]	OTH		125.00	125.00	250.00
02-01/28	Group Delta Consultants, Inc. [redacted]	OTH		250.00	250.00	500.00

Subtotal: 1,375.00

SCHEDULE A ____ CALIFORNIA FORM 460....PAGE 6 THRU 10

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/20/02 THRU 02/16/02

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)
02-01/23	Harbor Grill [redacted]	OTH		100.00	100.00	350.00
02-01/21	Susan S. Hauck [redacted]	IND	Retired	100.00	100.00	400.00
02-02/04	Henley Properties Inc. [redacted]	OTH		250.00	250.00	1000.00
02-01/21	International Union of Operating Engineers [redacted]	COM	ID# 743030	500.00	500.00	500.00
02-02/14	Joseph J. Jacobs [redacted]	IND	Engineer Sverdrup Civil Engineering Group	250.00	250.00	250.00
02-01/28	Kleinfelder Inc. [redacted]	OTH		250.00	250.00	500.00
02-02/04	Poseidon Resources Corporation [redacted]	OTH		1000.00	1000.00	1000.00
02-01/28	Professionals PAC - HDR,Inc.Etal. [redacted]	COM	ID#860346	250.00	250.00	500.00

Subtotal: 2,700.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 7 THRU 10

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/20/02 THRU 02/16/02

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)
02-02/04	Public Communications Services, Inc. [redacted]	OTH		250.00	250.00	250.00
02-01/28	Summit General Contractors, Inc. [redacted]	OTH		250.00	250.00	250.00
02-02/04	Henry Yee, C.P.A. [redacted]	IND	CPA Self, Same	300.00	300.00	300.00
02-02/04	Ronald L. Young [redacted]	IND	Retired	150.00	150.00	550.00

Subtotal: 950.00

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 01/20/02 through 02/16/02

SCHEDULE D
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

LC 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)
02/05	No on the Great Tax Measure W ID# 1242006 ☒ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		10,000.00	10,000.00	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SUBTOTAL $ 10,000.00

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 10,000.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ -0-
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 10,000.00

Schedule E
Payments Made

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

Statement covers period
from 01/20/02
through 02/16/02

SCHEDULE E
CALIFORNIA FORM 460

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.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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 pages 10 thru 10 for itemization of Sch. E			

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 11,404.02
2. Unitemized payments made this period of under $100 ..... $ 304.98
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 $ 11,709.00

Schedule E__California FORM 460.....PAGE 10 OF 10

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 01/20/02 thru 02/16/02

JIM SILVA FOR SUPERVISOR - ID#03-0371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jody Berger [redacted]	CVC	Fundraiser	372.00
Visa [redacted]		Vendors exceeding $99.99 listed below:	852.02
Vendor: Southwest Airlines.....233.40 Ticket by Mail	TVL	SNA/San Jose/Sna - 2/8-10/02-Convention	
Vendor: Kings-[redacted]..$141.84 [redacted]	MTG		
Vendor: Smith & Wollensky Restaurant.....$107.10 [redacted]	MTG	County business in NY	
Freedoms Foundation at Valley Forge, OC Chapter [redacted]	CVC		180.00
No on the Great Tax Measure W - ID#1242306 [redacted]	CTB		10000.00

Subtotal: 11,404.02