Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink

FILED

Date Stamp

CALIFORNIA 2001/02 FORM 460

Page 1 of 24

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period: From 07/01/03 through 12/31/03

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

JAN 20 2004

RECEIVED VOTE

BY

1. Type of Recipient Committee

All committees complete Pages 1, 2, 3, and 4

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

2. Type of Statement

- [ ] Preelection Statement
- [x] 6-Month Semiannual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain Below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

ID NUMBER: 931-0321

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 01/20/04 (Date) By Connie Silva (Signature of Treasurer or Assistant Treasurer)

Executed on 01/20/04 (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
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

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 07/01/03 through 12/31/03

Page 3 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

I.D. NUMBER: 930371

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 6,000.00	$ 28,369.00
2. Loans Received	Schedule B, Line 3	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6,000.00	$ 28,369.00
4. Nonmonetary Contributions	Schedule C, Line 3	800.00	800.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6,800.00	$ 29,169.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 9,229.00	$ 17,726.68
7. Loans Made	Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 9,229.00	$ 17,726.68
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3	800.00	800.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 10,029.00	$ 18,526.68

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 142,717.56
13. Cash Receipts	Column A, Line 3 above	6,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
15. Cash Payments	Column A, Line 8 above	9,229.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 139,488.56

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

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-

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).

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 07/01/03
through 12/31/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

I.D. NUMBER: 930371

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 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.) ..... $ 5,950.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6,000.00

*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 14

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 07/01/03 THRU 12/31/03

JIM SILVA FOR SUPERVISOR - ID# 930371

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)
03-07/08	Margaret D. Schinnerer [redacted]	IND	General Manager Basin	250.00	250.00	250.00
03-06/20	Ralph Brennan's Jazz Kitchen [redacted]	OTH		250.00	250.00	250.00
03-06/18	MOB Entertainment, Inc. [redacted]	OTH		250.00	250.00	250.00
03-06/30	William E. Ross [redacted]	IND	Senior Vice president Disney Parks & Resorts	250.00	250.00	250.00
03-07/01	Jeffrey K. Protzman [redacted]	IND	General Manager Doubletree Hotel, Anaheim	200.00	200.00	200.00
03-07/09	Michael A. Maxsenti [redacted]	IND	Publisher Your Concierge Magazine	250.00	250.00	250.00
03-08/05	Orange County:California 's Golf Coast [redacted]	OTH		250.00	250.00	250.00
03/08/04	Johnson Gray Advertising, Inc. [redacted]	OTH		250.00	250.00	250.00

Subtotal: 1,950.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 16 THRU 14
MONITARY CONTRIBUTIONS RECEIVED
Statement covers period from 07/01/03 THRU 12/31/03
JIM SILVA FOR SUPERVISOR - ID# 930371

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)
03-08/04	Enterprise Rent-A-Car [redacted]	OTH		200.00	200.00	200.00
03-08/04	Diane E. Pritchett [redacted]	IND	Executive Director CostaMesaConference&VisitorsBureau	250.00	250.00	250.00
03-08/04	Bonnie Brittain Hall [redacted]	IND	Executive Director Arts Orange County	100.00	100.00	100.00
03-08/04	Hilton Coste Mesa [redacted]	OTH		150.00	150.00	150.00
03-09/11	Paragon Partners LTD [redacted]	OTH		250.00	250.00	250.00
03-09/20	Marriott International Inc. [redacted]	OTH		250.00	250.00	250.00
03-12/06	Geologic Associates, Inc. [redacted]	OTH		1400.00	1400.00	1400.00
03-12/06	BAS - Bryan A. Stirrat & Associates [redacted]	OTH		1400.00	1400.00	1400.00

Subtotal: 4,000.00

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 07/01/03
through 12/31/03

Page 7 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JIM SILVA FOR SUPERVISOR

I.D. NUMBER
930371

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01	Southwest Airline Co. [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Ticket passes	800.00	800.00	800.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 800.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 800.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ -0-
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 800.00

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

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 07/01/03 through 12/31/03

SCHEDULE D
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

I.D. NUMBER: 930371

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)
08/07	Repoublican Party of Orange County ■ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		275.00	1,275.00	n/a
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $ 275.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 275.00
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 $ 275.00

SCHEDULE E

Schedule E
Payments Made

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

Statement covers period
from 07/01/03
through 12/31/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JIM SILVA FOR SUPERVISOR

I.D. NUMBER
930371

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
TRF transfer between committees of the same candidate/sponsor
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 pages 10 thru 11 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.) ..... $ 8,431.93
2. Unitemized payments made this period of under $100 ..... $ 797.07
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 $ 9,229.00

Schedule E___California FORM 460.....PAGE 10 OF 14

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 07/01/03 through 12/31/03

Jim Silva for Supervisor - ID#930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T [redacted]	OFC		296.18
CEC#188 - Council for Exceptional Children [redacted]	OFC		200.00
News Enterprises [redacted]	PRT		476.00
Republican Party of Orange County [redacted]	COM		275.00
Soroptomist International of Huntington Beach [redacted]	CVC		130.00
Surfing Wall of Fame [redacted]	CVC		300.00
USPS [redacted]	POS		163.52
USPS [redacted]	POS		185.00

Subtotal: 2,027.70

Schedule E___California FORM 460.....PAGE 11 OF 14

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 07/01/03 through 12/31/03

Jim Silva for Supervisor - ID#930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Verizon [redacted]	OFC		418.53
Visa [redacted]		See Sch G for vendors exceeding $99	5627.82
Jane Willet [redacted]	PRO		357.88

SUBTOTAL: 6,404.23

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
from 07/01/03
through 12/31/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JIM SILVA FOR SUPERVISOR

I.D. NUMBER: 930371

NAME OF AGENT OR INDEPENDENT CONTRACTOR: VISA CREDIT CARD

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See attached pages 13 thru 14 for itemizations				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 1,487.50

* *Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

SCHEDULE G...FORM 460.....PAGE 13 OF 14

Payment Made by an Agent or Independent Contractor

(on Behalf of This Committee)-Period: 07/01/03 thru 12/31/03

FILER-JIM SILVA FOR SUPERVISOR.....AGENT: VISA CARD

NAME & ADDRESS F PAYEE OR CREDITOR (if committee, also enter I.D. number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mimi's Cafe #18 [redacted]	MTG			101.20
Honey Baked Ham #6 [redacted]	OFC			400.00
Tibbies Music Hall [redacted]	MTG			116.29
Staples #152 [redacted]	OFC			145.92
Riviera Restaurant [redacted]	MTG			195.65
Duke's [redacted]	OFC			152.59
Macy's Westminster [redacted]	OFC			132.05

SUBTOTAL: 1,243.70

SCHEDULE G...FORM 460.....PAGE 14 OF 14

Payment Made by an Agent or Independent Contractor

(on Behalf of This Committee)-Period: 07/01/03 thru 12/31/03

FILER-JIM SILVA FOR SUPERVISOR.....,AGENT: VISA CARD

NAME & ADDRESS F PAYEE OR CREDITOR (if committee, also enter I.D. number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robinson May Dinnerware [redacted]	OFC			140.40
Trader Joes [redacted]	FND			103.40

SUBTOTAL: 243.80