Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED

Date Stamp

JUL 14 2005

REGISTRAR OF VOTERS

By [illegible] Deputy

COVER PAGE

460

Page 1 of 9

For Official Use Only

ORIGINAL

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2005

through 06/30/2005

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

n/a

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:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] 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 ZIP CODE 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 ZIP CODE 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 07/18/2005 (Date) By Connie Silva (Signature of Treasurer or Assistant Treasurer)

Executed on 07/18/2005 (Date) By Jim Silva (Signature of Controlling Officeholder, Candidate, Ballot Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, Ballot Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, Ballot Measure Proponent)

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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
Jim Silva for Assembly	1269291
NAME OF TREASURER	CONTROLLED COMMITTEE?
Connie Silva	☒ YES ☐ NO

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

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

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

SUMMARY PAGE

Campaign Disclosure Statement Summary Page

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

Statement covers period from 01/01/2005 through 06/30/2005

CALIFORNIA FORM 460

I.D. NUMBER 930371

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JIM SILVA FOR SUPERVISOR

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 7,495.09	$ 7,495.09
7. Loans Made	Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 7,495.09	$ 7,495.09
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	$ 7,495.09	$ 7,495.09

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 25,999.98
13. Cash Receipts	Column A, Line 3 above	-0-
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
15. Cash Payments	Column A, Line 8 above	7,495.09
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 18,504.89

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 E
Payments Made

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

Statement covers period
from 01/01/2005
through 06/30/2005

460

I.D. NUMBER
930371

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JIM SILVA FOR SUPERVISOR

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
MER 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/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 5 thru 8 for itemization 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.) ..... $ 5,748.46
2. Unitemized payments made this period of under $100 ..... $ 1,746.63
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 $ 7,495.09

Schedule E__California FORM 460.....PAGE 5 OF 9

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 01/01/05 through 06/30/05

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
Rossmoor-Los Alamitos Rep. Women Fed. [redacted]	PRT		100.00
OC Council - Boy Scouts of America [redacted]	CVC		150.00
CWLA-California Women's Leadership Association [redacted]	CVC		500.00
Visa [redacted]	OFC	Vendor exceeding $99.99 listed below:	676.64
Vendor: Staples .....$134.13 [redacted]	OFC		
Cystic Fibrosis [redacted]	CVC		100.00
Gil Coerper [redacted]	CVC	Donation-Marine dinner	150.00
Mary's Kitchen in Orange [redacted]	CVC		100.00

SUBTOTAL: 1,776.64

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 01/01/05 through 06/30/05
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
USPS [redacted]	POS		111.00
Huntington Harbor Republican Women Federated [redacted]	CVC		150.00
Visa [redacted]	OFC	Vendor exceeding $99.99 listed below:	600.84
Vendor: Staples.....$161.60 [redacted]	OFC		
Huntington Beach Police Officers Fund [redacted]	CVC		100.00
Visa [redacted]	OFC	Vendors exceeding $99.99 listed below:	692.55
Vendor: Duke's.....$138.14 [redacted]	OFC		
Vendor: Mimis Cafe.....$176.26 [redacted]	OFC		

SUBTOTAL: 1,654.39

Schedule E__California FORM 460.....PAGE 7 OF 9
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 01/01/05 through 06/30/05
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
Visa [redacted]	OFC	Vendor's exceeding $99.99 listed below	1276.17
Vendor: Macaroni Grill.....$200 [redacted]	OFC		
Vendor: Antonello Ristorante.....$126.03 [redacted]	OFC		
Vendor: La Brasserie.....$171.75 [redacted]	OFC		
Visa [redacted]	OFC	Vendor exceeding $99.99 listed below:	341.90
Vendor: Glee's Hallmark.....$123.83 [redacted]	OFC		
Jane Willet [redacted]	PRO		208.49
Visa [redacted]	OFC	No subvendor exceeding $99.99	340.87
		SUBTOTAL:	2,167.43

Schedule E___California FORM 460.....PAGE 8 OF 9

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 01/01/05 through 06/30/05

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
Boys & Girls Club of Stanton [redacted] [redacted]	CVC		150.00

SUBTOTAL: 150.00

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 01/01/2005 through 06/30/2005

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)
	☐ 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 ..... $ 50.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 50.00