

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

Date Stamp	CALIFORNIA FORM 460
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A For Official Use Only	

Statement covers period	Date of Election if applicable:
from <u>01/01/2004</u>	(Month, Day, Year)
through <u>01/17/2004</u>	<u>03/02/2004</u>

1. Type of Recipient Committee:

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

2. Type of Statement:

- Pre-election Statement
- 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
1260711

COMMITTEE NAME
Carrick for District Attorney

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] CA [REDACTED] [REDACTED] [REDACTED]

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
() /

Treasurer(s)

NAME OF TREASURER
Mary Ellen Padilla

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] CA [REDACTED] [REDACTED] [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
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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 1/21/04 By Mary Ellen Padilla
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/22/04 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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5. Officeholder or Candidate Controlled Committee **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Roger Carrick

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

District Attorney, District

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

[REDACTED ADDRESS]

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

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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

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OPPOSE