

Recipient Committee

Type or print in ink.

4

COVER PAGE

SEMI-ANNUAL ORIGINAL

CALIFORNIA 2001/02 FORM 460

Statement covers period from 1-1-03 through 12-31-03

Date of election if applicable: 3/2/04

Date Stamp: JUN 14 4 48 PM '04

Page of For Official Use Only 019252 CO 6876

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee [] Ballot Measure Committee [] State Candidate Election Committee [] Primarily Formed [] Recall (Also Complete Part 5) [] Controlled [] Sponsored (Also Complete Part 6) [] General Purpose Committee [] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7) [] Sponsored [] Small Contributor Committee [] Political Party/Central Committee

- 2. Type of Statement: [X] Preelection Statement [] Quarterly Statement [X] Semi-annual Statement [] Special Odd-Year Report [] Termination Statement [] Supplemental Preelection Statement - Attach Form 495 [] Amendment (Explain below)

3. Committee Information I.D. NUMBER 1260660 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to elect Jay Shah for Supervisor. STREET ADDRESS (NO P.O. BOX) 255 E Ocean Blvd CITY Long Beach CA 90803 AREA CODE/PHONE 562-433-7299 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 562-433-7299 Jayshahfca@yahoo.com

Treasurer(s) NAME OF TREASURER MRS USHA J SHAH MAILING ADDRESS 255 E Ocean Blvd CITY Long Beach CA 90803 AREA CODE/PHONE 562-433-7299 NAME OF ASSISTANT TREASURER, IF ANY NONE 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 1-8-04 Date By [Signature] Signature of Treasurer or Assistant Treasurer Executed on 1-8-04 Date By [Signature] 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**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JAYENDRA A SHAM MD

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

2525 E Ocean Blvd

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

Long Beach CA 90803

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

1260660

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

NA

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