

Recipient Committee  
Campaign Statement

Type or print in ink.

COVER PAGE

(Government Code Sections 99701, 99702, 99703)  
**REVIEWED BY**  
[Signature]  
City Clerk/Dep. City Clerk  
Date 7-30-01

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from Jan 1, 2001  
through June 30, 2001

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

Date Stamp  
**RECEIVED**  
JUL 26 AM 9:19  
SUSAN J. BLACKSTON  
CITY CLERK  
CITY OF LOS ANGELES

**CALIFORNIA FORM 460**  
Page 1 of 3  
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee (Also Complete Part 4.)
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored (Also Complete Part 5.)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6.)
- General Purpose Committee
  - Sponsored
  - Broad Based

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  
961523

COMMITTEE NAME  
COMMITTEE FOR SUSAN HITCHCOCK

STREET ADDRESS (NO P.O. BOX)  
2443 MacArthur Parkway  
CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90042 (209) 334-9362

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS  
shj19@pacbell.net

Treasurer(s)

NAME OF THE TREASURER  
Jerry Glenn  
MAILING ADDRESS  
2443 MacArthur Parkway  
CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90042 (209) 334-9362  
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS  
shj19@pacbell.net

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 3

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Susan Hitchcock

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

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY STATE ZIP CODE	AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. 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 7/25/01  
DATE

Executed on 7/25/01  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Jerry L. Glenn  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Susan Hitchcock  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement  
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>Jan 1 2001</u> through <u>June 30, 2001</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>961523</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Susan HITCHCOCK

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ _____	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 7	<u>0</u>	_____	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ _____	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	_____	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ _____	\$ <u>0</u>

Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ _____	\$ <u>0</u>
7. Loans Made ..... Schedule H, Line 7	<u>0</u>	_____	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ _____	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	_____	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	_____	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ _____	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>9</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9</u>

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

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ <u>0</u>	<u>0</u>
21. Expenditures Made .....	\$ <u>0</u>	<u>0</u>

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ _____