

*Corlett & Lh2*  
**Recipient Committee  
 Campaign Statement  
 Cover Page**

(Government Code Sections 84200-84216.5)

**General 1st Pre Election 1/1/04 (DoLF) to 9/30/04**

COVER PAGE

Date Stamp: NOV 5 AM 8:22

**CALIFORNIA 460**  
 2001/02  
 FORM

Page 1 of 7

For Official Use Only

Statement covers period  
 from JULY 27, 2004  
 through SEPT. 30, 2004

Date of election if applicable:  
 (Month, Day, Year)  
NOV. 2, 2004

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

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:**

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 1270506

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
LEROY H. CORLETT  
CANDIDATE FOR WATER DISTRICT  
BOARD OF DIRECTORS

CITY STATE ZIP CODE AREA CODE/PHONE  
RIDGECREST, CA 93555 760-446-3028

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
760-446-4009 / leroy@corlett.net

**Treasurer(s)**

NAME OF TREASURER  
LEROY H. CORLETT

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
RIDGECREST, CA 93555 760-446-3028

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 OCT 2, 2004 By Leroy H. Corlett  
Date Signature of Treasurer or Assistant Treasurer

Executed on OCT 2, 2004 By Leroy H. Corlett  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PAR

**CALIFORNIA FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

LEROY H. CORLETT

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

BOARD OF DIRECTORS

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

INDIAN WELLS VALLEY WATER DISTRICT

RIDGECREST, CA 92353

**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 a

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

Statement covers period from <u>JULY 27, 2004</u> through <u>SEPT. 30, 2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1270506</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEROY H. CORLETT

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>1450.</u>	\$ <u>1450</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1450</u>	\$ <u>1450</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>800.</u>	\$ <u>800.</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>2150.</u>	\$ <u>2150.</u>

**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	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>1101.77</u>	\$ <u>1101.77</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1101.77</u>	\$ <u>1101.77</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule G, Line 3	\$ <u>800.</u>	\$ <u>800.</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1901.77</u>	\$ <u>1901.77</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1450</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1101.77</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>313.12</u>

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

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).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

\*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

Statement covers period from <u>JULY 27, 2004</u> through <u>SEPT 30, 2004</u>	CALIFORNIA FORM <b>460</b>
Page <u>4</u> of <u>7</u>	I.D. NUMBER <u>1270806</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEROY H. CORLETT

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)
<u>AUG. 10 2004</u>	<u>LEROY H. CORLETT RIDGECREST, CA 93555</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>NONE</u>	<u>50.</u>	<u>50.</u>	<u>50.</u>
<u>SEPT. 3 2004</u>	<u>LEROY H. CORLETT RIDGECREST, CA 93555</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>NONE</u>	<u>800.</u>	<u>850.</u>	<u>850.</u>
<u>SEPT. 14, 2004</u>	<u>LEROY H. CORLETT RIDGECREST, CA 93555</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>NONE</u>	<u>600.</u>	<u>1450.</u>	<u>1450.</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1450.

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1450.
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1450.

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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE

Statement covers period from <u>JULY 27, 2004</u> through <u>SEPT. 30, 2004</u>	<b>CALIFORNIA FORM 46</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1270506

LEBOY H. CORLETT

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)
SEPT. 10 2004	CAROL J. CORLETT RIDGECREST, CA 93555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	SIGNS	800.	800.	800.
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 800.
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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.

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

**Schedule E  
Payments Made**

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

SCHEDULE

Statement covers period from <u>JULY 27, 2004</u> through <u>SEPT 30, 2004</u>	CALIFORNIA FORM <b>46</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEROY H. CORLETT

**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/spons |
| 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)         |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>SWAP SHEET 619 W. RIDGECREST BLVD #D RIDGECREST, CA 93555</u>	<u>PRT</u>		<u>284.40</u>
<u>DAILY INDEPENDENT 224 E. RIDGECREST BLVD RIDGECREST, CA 93555</u>	<u>PRT</u>		<u>354.21</u>
<u>CONTINUING THE REPUBLICAN REVOLUTION 1300 BRISTOL ST. NORTH, SUITE 100 NEWPORT BEACH, CA 92660</u>	<u>LIT</u>		<u>150.-</u>

\* 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.)                                 | \$ <u>988.65</u>               |
| 2. Unitemized payments made this period of under \$100   | \$ <u>213.12</u>               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ _____                       |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> <u>1101.77</u> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period from <u>JULY 27, 2004</u> through <u>SEPT. 30, 2004</u>	<b>CALIFORNIA FORM 46</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LEROY H. CORLETT

**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/spo |
| 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)       |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>DEMOCRATIC VOTERS CHOICE 555 S. FLOWERS ST. #4510 LOS ANGELES, CA 90071</u>	<u>LIT</u>		<u>100.</u>

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

**SUBTOTAL \$**