

Recipient Committee
 Campaign Statement — Long Form
 (Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Special Odd-year Campaign Report
- Supplemental Pre-election Statement (Attach a completed Form 495 to this Statement.)
- Termination Statement (Attach a completed Form 415 to this statement.)
- Semi-annual Statement

Statement covers period from <u>11-99</u> through <u>6-30-99</u>	Date Stamp RECEIVED NOV 20 11 3: 21 CITY CLERK CITY OF LODI	CALIFORNIA DISCLOSURE 420
Date of election if applicable: (Month, Day, Year)		Page <u>1</u> of <u>4</u> For Official Use Only

I Committee Information

NAME OF COMMITTEE

Lodi Fire Fighters PIAC

ADDRESS OF COMMITTEE (NO. AND STREET) PO Box 1841 I.D. NUMBER 96-2479

CITY Lodi STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209-368-9090

NAME OF TREASURER EVAN LUKE

PERMANENT ADDRESS OF TREASURER (NO. AND STREET) PO Box 1841

CITY Lodi STATE CA ZIP CODE 95241 AREA CODE/DAYTIME PHONE 209-368-9090

II Primarily Formed Committee (See definition on reverse.)
 List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF CANDIDATE(S) OR OFFICEHOLDER(S)	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE

(Check Boxes) See definitions and important information on reverse.

Is this a sponsored committee? Yes No

Is this a broad based political committee? Yes No

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 7-30-99 At Lodi CA

By Evan Luke SIGNATURE OF TREASURER

Executed on _____ At _____

By _____ SIGNATURE OF RESPONSIBLE OFFICER OF SPONSOR, IF REQUIRED

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

Recipient Committee
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>1-1-99</u> through <u>10-30-99</u>	CALIFORNIA 1999 FORM 420
Page <u>2</u> of <u>4</u>	I.D. NUMBER <u>96-2479</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Locke Fire fighters Polc

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>1000⁰⁰</u>	\$ _____	\$ <u>1000⁰⁰</u>
2. Loans Received Schedule B, Line 7	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1000⁰⁰</u>	\$ _____	\$ <u>1000⁰⁰</u>
4. Non-monetary Contributions Schedule C, Line 3	_____	_____	_____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ _____	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	_____	_____	_____
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>1000⁰⁰</u>	\$ _____	\$ <u>1000⁰⁰</u>

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>83⁵⁴</u>	\$ _____	\$ <u>83⁵⁴</u>
9. Loans Made Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>83⁵⁴</u>	\$ _____	\$ <u>83⁵⁴</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>83⁵⁴</u>	\$ _____	\$ <u>83⁵⁴</u>

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>568⁵⁰</u>
14. Cash Receipts Column A, Line 3 above	<u>1000⁰⁰</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
16. Cash Payments Column A, Line 10 above	<u>83⁵⁴</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>1484⁹⁶</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

* 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Non-Controlled Committees
Primarily Formed to Support or Oppose
Candidates in Both June and November
Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	_____
22. Expenditures Made	\$ _____	_____

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$ 0

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See Instructions on reverse	\$ _____
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ _____

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1-1-99</u> through <u>6-30-99</u>	CALIFORNIA 1099 FORM 420
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>96-2479</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Lodi Firefighters PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>3-26-99</u>	<u>United Firefighters of Lodi PO Box 1841 Lodi CA 95241</u>		<u>1000⁰⁰</u>	<u>1000⁰⁰</u>	

SUBTOTAL \$ 1000⁰⁰

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1000⁰⁰
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1000⁰⁰

Schedule E
 Payments and Contributions
 (Other Than Loans) Made

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

SCHEDULE E

Statement covers period from <u>1-1-99</u>	CALIFORNIA SYSTEM 420
through <u>4-30-99</u>	
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>96-2479</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|---|---|---|
| *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* -- BROADCAST ADVERTISING | *G* -- GENERAL OPERATIONS AND OVERHEAD |
| *I* -- INDEPENDENT EXPENDITURES | *N* -- NEWSPAPER AND PERIODICAL ADVERTISING | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* -- LITERATURE | *O* -- OUTSIDE ADVERTISING | *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | *F* -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ron Heberle 1440 IRIS Lodi CA	T	4 separate breakfast with different council members and PAC	83.54

Important: Contributions and expenditures made out of campaign funds to or on behalf of officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page.

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>0</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>83.54</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u> </u>
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ <u>83.54</u>