

**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in Ink.

|   |                            |
|---|----------------------------|
| Date Stamp  | <b>CALIFORNIA FORM 460</b> |
| RECEIVED<br>JUL 21 1999<br>CITY CLERK<br>CITY OF LODI |                            |
| Page <u>1</u> of <u>3</u>                             | For Official Use Only      |

|   |   |
|---|---|
| Statement covers period<br>from <u>July 1, 1999</u><br>through <u>December 31, 1999</u> | Date of election if applicable:<br>(Month, Day, Year) |
|---|---|

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 7.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><i>(Also Complete Part 4.)</i>                       | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee<br><i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee<br>○ Primarily Formed<br>○ Controlled<br>○ Sponsored<br><i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee<br>○ Sponsored<br>○ Broad Based                            |

- 2. Type of Statement:**
- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                   |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

|   |                    |  |
|---|--------------------|--|
| COMMITTEE NAME<br><u>Committee To Elect Keith Land</u>    |                    | I.D. NUMBER<br><u>942177</u>                           |
| STREET ADDRESS (NO P.O. BOX)<br><u>511 Charleston Way</u> |                    |  |
| CITY<br><u>Lodi</u>                                       | STATE<br><u>Ca</u> | ZIP CODE AREA CODE/PHONE<br><u>95242 (209)368-6708</u> |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX |                    |  |
| CITY  | STATE              | ZIP CODE AREA CODE/PHONE                               |
| OPTIONAL: FAX/E-MAIL ADDRESS<br><u>land@lodinet.com</u>   |                    |  |

**Treasurer(s)**

|   |                    |                          |   |
|---|--------------------|--------------------------|---|
| NAME OF TREASURER<br><u>David L. Duncan, CPA</u>            |                    |                          |   |
| MAILING ADDRESS<br><u>1820 West Kettleman Lane, Suite A</u> |                    |                          |   |
| CITY<br><u>Lodi</u>   | STATE<br><u>Ca</u> | ZIP CODE<br><u>95242</u> | AREA CODE/PHONE<br><u>(209)339-0100</u> |
| NAME OF ASSISTANT TREASURER, IF ANY                         |                    |                          |   |
| MAILING ADDRESS   |                    |                          |   |
| CITY  | STATE              | ZIP CODE                 | AREA CODE/PHONE                         |
| OPTIONAL: FAX/E-MAIL ADDRESS                                |                    |                          |   |

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  
Keith Land

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
511 Charleston Way Lodi Ca 95242

**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?<br><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<br><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 |
|-----------------------|---------------------|

**6. 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 1-21-2000  
DATE

Executed on 01/08/2000  
DATE

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

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

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Keith Land  
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<br>from <u>07-01-1999</u><br>through <u>12-31-1999</u> | <b>CALIFORNIA FORM 460</b>   |
| Page <u>3</u> of <u>3</u>  | I.D. NUMBER<br><u>942177</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Keith Land / Committee To Elect Keith Land

Contributions Received

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

Expenditures Made

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

Current Cash Statement

|   |             |
|---|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>0</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>0</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 ..... | \$ _____         | \$ _____    |
| 21. Expenditures Made .....      | \$ _____         | \$ _____    |

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 C above | \$ <u>0</u> |