

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

OVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED 11-11-99 STATE CLERK OF CALIF.	
Page <u>1</u> of <u>5</u>	For Official Use Only

Statement covers period
 from 7-1-99
 through 12-31-99

Date of election if applicable:
 (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
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="checkbox"/> Primarily Formed | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Broad Based |
| <input type="checkbox"/> Sponsored
<i>(Also Complete Part 5.)</i> | |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input 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

I.D. NUMBER
922038

COMMITTEE NAME
Committee to Elect Stephen MANN

STREET ADDRESS (NO P.O. BOX)
111 N. Crescent Ave

CITY STATE ZIP CODE AREA CODE/PHONE
LODI CA 95240

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 648

CITY STATE ZIP CODE AREA CODE/PHONE
LODI CA 95241 209-334-5943

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Robert Rocha

MAILING ADDRESS
P.O. Box 731

CITY STATE ZIP CODE AREA CODE/PHONE
Clements CA 95227 759-386

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 5

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Stephen Mann
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
LODI CITY COUNCIL
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
POB 648 LODI CA 95241

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE
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

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 <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 ~~1-12-00~~
DATE
Executed on 1-12-00
DATE
Executed on _____
DATE
Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Stephen Mann
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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen Mandel

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>361</u>	\$ <u>401</u>	\$ <u>762</u>
2. Loans Received Schedule B, Line 7	<u>-</u>	<u>-</u>	<u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>361</u>	\$ <u>401</u>	\$ <u>762</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>-</u>	<u>-</u>	<u>-</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>361</u>	\$ <u>401</u>	\$ <u>762</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>790</u>	\$ <u>338</u>	\$ <u>1128</u>
7. Loans Made Schedule H, Line 7	<u>-</u>	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>790</u>	\$ <u>338</u>	\$ <u>1128</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-</u>	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>-</u>	<u>-</u>	<u>-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>790</u>	\$ <u>338</u>	\$ <u>1128</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>763</u>
13. Cash Receipts Column A, Line 3 above	<u>361</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>-</u>
15. Cash Payments Column A, Line 8 above	<u>790</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>334</u>

* 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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>-</u>
---	-------------

Cash Equivalents and Outstanding Debts

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

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>401</u>	<u>361</u>
21. Expenditures Made	\$ <u>338</u>	<u>790</u>

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/24/99	Waste Management 6001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250	250	
11/23/99	TOLAY Realty 6001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		111	111	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 361
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 361

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule E
Payments Made

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

Statement covers period		CALIFORNIA FORM 460
from	7-1-99	
through	12-31-99	Page 5 of 5
NAME OF FILER		I.D. NUMBER
Stephen MANN		

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Record Stockton	OFC	Subscription	149
The Associated Credit Corp	OFC	computer PAID	235

* 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.) | \$ | 384 |
| 2. Unitemized payments made this period of under \$100 | \$ | 406 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) | \$ | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 790 |