

Officeholder, Candidate,
and Controlled 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
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from <u>01/01/98</u> through <u>06/30/98</u>	Date Stamp RECEIVED JUL 14 PM 12:13 ALICE H. WEINICHIE CITY CLERK CITY OF LODI	CALIFORNIA 1998 FORM 490
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>2</u>	For Official Use Only

I Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
Keith Land

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
511 Charleston Way

CITY Lodi STATE Ca ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209-333-7318

COMMITTEE NAME Committee To Elect Keith Land I.D. NUMBER 942177

COMMITTEE ADDRESS (NO. AND STREET)
1806 W. Kettleman Lane, Suite K

CITY Lodi STATE Ca ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209-333-7318

NAME OF TREASURER
NONE

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
NONE

CITY NONE STATE NONE ZIP CODE NONE AREA CODE/DAYTIME PHONE NONE

II Other Committees Not Included in this Statement: List any other
committees not included in this consolidated statement that are controlled by you and any
committees of which you have knowledge that 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?

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

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 07-10-98 At Lodi Ca

By _____ SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has 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 07-10-98 At Lodi Ca

By Keith Land SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

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

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>01/01/98</u> through <u>06/30/98</u>	CALIFORNIA FORM 490 Page <u>2</u> of <u>2</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Keith Land / Committee To Elect Keith Land

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>0</u>	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ _____	\$ _____
4. Non-monetary Contributions Schedule C, Line 3	\$ <u>0</u>	_____	_____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ <u>0</u>	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	\$ <u>0</u>	_____	_____
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>0</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>0</u>	\$ _____	\$ _____
9. Loans Made Schedule H, Line 7	\$ <u>0</u>	_____	_____
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>0</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	\$ <u>0</u>	_____	_____
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>0</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>0</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments Column A, Line 10 above	\$ <u>0</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 <i>If this is a termination statement, Line 17 must be zero.</i>	\$ <u>0</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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents See Instructions on reverse	\$ <u>0</u>
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ <u>0</u>

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