

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>07-01-1998</u> through <u>12-31-1998</u>	Date Stamp <b>RECEIVED</b> JAN 29 PM 12:10	CALIFORNIA 1998 FORM <b>490</b>
Date of election if applicable (Month, Day, Year)	Page <u>1</u> of <u>2</u> For Official Use Only	
CITY CLERK CITY OF LODI		

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 209-368-6708

COMMITTEE NAME  
Committee To Elect Keith Land I.D. NUMBER 9A2177

COMMITTEE ADDRESS (NO. AND STREET)  
511 Charleston Way

CITY Lodi STATE Ca ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209-367-2337

NAME OF TREASURER  
David L. Duncan, CPA

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
1820 West Kettleman Lane, Suite A

CITY Lodi STATE Ca ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209-335-0100

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 01-28-99 At Lodi, Ca

By [Signature]  
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 01-28-99 At Lodi, Ca

By [Signature]  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement  
Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>07-01-1998</u> through <u>12-31-1998</u>	CALIFORNIA DISCLOSURE FORM <b>490</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER <u>942177</u>	

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>	\$ <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 ..... Adj Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
4. Non-monetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) ..... Adj Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) ..... Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED ..... Adj Lines 5 + 6	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Expenditures Made</b>			
8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
9. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS ..... Adj Lines 8 + 9	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
12. TOTAL EXPENDITURES MADE ..... Adj Lines 10 + 11	\$ <u>0</u>	\$ <u>0</u>	\$ <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 ..... Adj Lines 13 + 14 + 15, then subtract Line 16	\$ <u>0</u>

*If this is a termination statement, Line 17 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED ..... Schedule D, Part I, Column (b)	\$ <u>0</u>	
<b>Cash Equivalents and Outstanding Debts</b>		
19. Cash Equivalents ..... See Instructions on reverse	\$ _____	
20. Outstanding Debts ..... Adj Line 2 + Line 11 in Column C above	\$ <u>0</u>	
21. Contributions Received	\$ _____	
22. Expenditures Made	\$ _____	