Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE - LONG FORM

CALIFORNIA 1994 FORM 490

Statement covers period from 10-20-96 through 12-31-96

Date Stamp

Page 1 of 9

For Official Use Only

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.)

Date of election if applicable: (Month, Day, Year) 11-05-96

tatement: *List any other*

KEITH LAND

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

COMMITTEE NAME: COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER: 942177

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: 209-339-0100

COMMITTEE NAME

I.D. NUMBER

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

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 1-30-97 (DATE) At LODI, CALIFORNIA (CITY AND STATE) By [signature] CPA (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 1-30-97 (DATE) At LODI, CALIFORNIA (CITY AND STATE) By [signature] (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on (DATE) At (CITY AND STATE) By (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on (DATE) At (CITY AND STATE) By (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

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.

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA 1994 FORM 490

Statement covers period from 10-20-96 through 12-31-96

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER 942177

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*	$ 4,101.00	$ 5,561.00	$ 9,662.00
2. Loans Received	*Schedule B, Line 7*	600.00	2,500.00	3,100.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4,701.00	$ 8,061.00	$ 12,762.00
4. Non-monetary Contributions	*Schedule C, Line 3*	150.00	475.00	625.00
5. SUBTOTAL CONTRIBUTIONS *(Exclude Enforceable Promises)*	*Add Lines 3 + 4*	$ 4,851.00	$ 8,536.00	$ 13,387.00
6. Enforceable Promises *(Exclude Loan Guarantees, Line 18 below)*	*Schedule D, Line 7*	0.00	0.00	0.00
7. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 5 + 6*	$ 4,851.00	$ 8,536.00	$ 13,387.00

Expenditures Made

8. Cash Payments (Other than Loans Made)	*Schedule E, Line 5*	$ 5,462.90	$ 7,276.96	$ 12,739.86
9. Loans Made	*Schedule H, Line 7*	0.00	0.00	0.00
10. SUBTOTAL CASH PAYMENTS	*Add Lines 8 + 9*	$ 5,462.90	$ 7,276.96	$ 12,739.86
11. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 5*	(800.00)	800.00	0.00
12. TOTAL EXPENDITURES MADE	*Add Lines 10 + 11*	$ 4,662.90	$ 8,076.96	$ 12,739.86

Current Cash Statement

13. Beginning Cash Balance	*Previous Summary Page, Line 17*	$ 883.04
14. Cash Receipts	*Column A, Line 3 above*	4,701.00
15. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
16. Cash Payments	*Column A, Line 10 above*	5,462.90
17. ENDING CASH BALANCE	*Add Lines 13 + 14 + 15, then subtract Line 16*	$ 121.14

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).

18. LOAN GUARANTEES RECEIVED *Schedule B, Part I, Column (b)* $ 0.00

Cash Equivalents and Outstanding Debts

19. Cash Equivalents *See Instructions on reverse* $

20. Outstanding Debts *Add Line 2 + Line 11 in Column C above* $ 3,100.00

Summary for Candidates in Both June and November Elections

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA 1994 FORM 490

Statement covers period
from 10-20-96
through 12-31-96

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER
942177

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)
10-31-96	LODI FIREFIGHTERS PAC ID# D-1615988 POST OFFICE BOX 1841 LODI, CA 95241	LODI FIREFIGHTERS POLITICAL ACTION COMMITTEE	3,000.00	3,000.00	
11-02-96	JOHN & GERALDINE SCHOOK 906 KIRKWOOD DRIVE LODI, CA 95242		100.00	100.00	
		SUBTOTAL $	3,100.00		

Monetary Contributions Summary

1. Amount received this period — contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ 3,100.00

2. Amount received this period — contributions of less than $100.
(Do not itemize.) ..... $ 1,001.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4,101.00

Schedule B — Part I
Loans Received

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

Statement covers period
from 10-20-96
through 12-31-96

CALIFORNIA 1996 FORM 490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER
942177

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION: DUE DATE / INTEREST RATE	LENDER INFORMATION: AMOUNT OF LOAN	LENDER INFORMATION: CUMULATIVE TO DATE	GUARANTOR INFORMATION: AMOUNT GUARANTEED	GUARANTOR INFORMATION: CUMULATIVE TO DATE
11-04-96	KEITH LAND 511 CHARLESTON WAY LODI, CA 95242 ☒ Lender ☐ Guarantor*	CANDIDATE	DUE DATE: DEMAND INTEREST RATE: 0.00 %	600.00	CALENDAR YEAR $ 3,100.00 OTHER $		CALENDAR YEAR $ OTHER $
	☐ Lender ☐ Guarantor*		DUE DATE: INTEREST RATE: %		CALENDAR YEAR $ OTHER $		CALENDAR YEAR $ OTHER $
	☐ Lender ☐ Guarantor*		DUE DATE: INTEREST RATE: %		CALENDAR YEAR $ OTHER $		CALENDAR YEAR $ OTHER $

*See important instructions on reverse.

SUBTOTAL $ (a) | $ (b) 0.00 | Enter (b) on Summary Page, Line 18 only.

Loans Received — Part I Summary

1. Loans of $100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... $ 600.00
2. Loans under $100 received this period. (Do not itemize.) ..... $ 0.00
3. Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL $ 600.00

Loans Received — Part II Summary

4. Loans of $100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, *also* itemize the transaction on Schedule A.) ..... $ 0.00
5. Loans under $100 repaid, forgiven, or paid by a third party. (Do no itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. ..... $ 0.00
6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL $ (0.00)
7. Net change this period. (Subtract Line 6 from Line 3.) Enter the net here and on the Summary Page, Column A, Line 2. ..... NET $ 600.00
   May be a negative number.

Schedule B — Part III
Annual Report of Outstanding Loans Received

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

SCHEDULE B - Part III

CALIFORNIA 1994 FORM 490

Statement covers period from 10-20-96 through 12-31-96

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
KEITH LAND	3-22-96	500.00	500.00	
KEITH LAND	8-14-96	2,000.00	2,000.00	
KEITH LAND	11-04-96	600.00	600.00	
Attach additional information on appropriately labeled continuation sheets.		TOTAL	$ 3,100.00	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

SCHEDULE C

Schedule C
Non-Monetary Contributions Received

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

Statement covers period
from 10-20-96
12-31-96

CALIFORNIA 1994 FORM 490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER
942177

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12-31-96	SWINNEY KIEHN & DUNCAN 1820 WEST KETTLEMAN LANE, SUITE A LODI, CA 95242	CPA	CLERICAL SERVICES	100.00	450.00	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 100.00

Non-Monetary Contributions Summary

1. Amount received this period — non-monetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 100.00
2. **Amount received this period — non-monetary contributions of less than $100. (Do not itemize.)** ..... $ 50.00
3. Total non-monetary contributions received this period.. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL $ 150.00

CHEDULE E

Schedule
Payments and Contributions (Other Than Loans) Made

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

Statement covers period
from 10-20-96
through 12-31-96

CALIFORNIA 1994 FORM 490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER
942177

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
"I" – INDEPENDENT EXPENDITURES
"L" – LITERATURE
"B" – BROADCAST ADVERTISING
"N" – NEWSPAPER AND PERIODICAL ADVERTISING
"O" – OUTSIDE ADVERTISING
"S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" – FUNDRAISING EVENTS
"G" – GENERAL OPERATIONS AND OVERHEAD
"T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

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
U.S. POSTMASTER 120 SOUTH SCHOOL STREET LODI, CA 95240	G	POSTAGE	536.44
LODI NEWS SENTINEL 125 NORTH CHURCH STREET LODI, CA 95240	N	NEWSPAPER ADVERTISING	3,137.10
PHOTO INSTANT PRINT 222 WEST PINE STREET LODI, CA 95240	L	PRINTING	198.31

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

SUBTOTAL $ 3,871.85

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 4,521.85
2. Payments made this period of under $100. (Do not itemize.) ..... $ 141.05
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) ..... $ 4,662.90
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... $ 800.00
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 $ 5,462.90

Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE E (cont.)

Statement covers period
from 10-20-96
through 12-31-96

CALIFORNIA 1994 FORM 490

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER
942177

CODES FOR CLASSIFYING EXPENDITURES

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

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)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
VALLEY OUTDOOR ADVERTISING 709 W KETTLEMAN LANE LODI, CA 95240	O	SIGNS	650.00

SUBTOTAL $ 650.00

Schedule F
Accrued L penses (Unpaid Bills)

pe or print in ink.
A nts may be rounded to whole dollars.

SCHEDULE F

CALIFORNIA 1994 FORM 490

Statement covers period
from 10-20-96
through 12-31-96

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER
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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
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"T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

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 SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 0.00

Accrued Expenses Summary

1. Accrued expenses this period of $100 or more. (Include all Schedule F subtotals.) ..... $ 0.00
2. Accrued expenses this period of under $100. (Do not itemize.) ..... $ 0.00
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) ..... INCURRED TOTAL $ 0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) ..... PAID TOTAL $ (800.00)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) ..... NET $ (800.00)

May be a negative number.