

**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>JAN 1, 1996</u> through <u>JUNE 30, 1996</u>	Date Stamp	<b>CALIFORNIA 1996 FORM 490</b>
Date of election if applicable: (Month, Day, Year)		Page <u>1</u> of <u>4</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)**  
LOOSE CITY COUNCIL

**RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)**  
511 CHARLESTON WAY

**CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE**  
LOOSE CA 95242 209-333-7318

<b>COMMITTEE NAME</b> <u>COMMITTEE TO ELECT KEITH LAND</u>	<b>I.D. NUMBER</b> <u>942177</u>
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**COMMITTEE ADDRESS (NO. AND STREET)**  
1806 W. KETTLEMAN LN. SUITE K

**CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE**  
LOOSE CA 95242 209-333-7318

**NAME OF TREASURER**  
DAVID L. DUNCAN

**PERMANENT ADDRESS OF TREASURER (NO. AND STREET)**  
19272 PERRYMAN ROAD

**CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE**  
LOOSE CA 95242 209-339-0100

**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.

<b>COMMITTEE NAME</b>	<b>I.D. NUMBER</b>
<b>NAME OF TREASURER</b>	<b>CONTROLLED COMMITTEE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>COMMITTEE ADDRESS (NO. AND STREET)</b>	
<b>CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE</b>	

  

<b>COMMITTEE NAME</b>	<b>I.D. NUMBER</b>
<b>NAME OF TREASURER</b>	<b>CONTROLLED COMMITTEE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>COMMITTEE ADDRESS (NO. AND STREET)</b>	
<b>CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE</b>	

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 07-17-96 At LOOSE 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 07-17-96 At LOOSE CA

By [Signature]  
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 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

Statement covers period from <u>JAN. 1, 1996</u> through <u>JUNE 30, 1996</u>	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>2</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEETH LAND - COMMITTEE TO ELECT KEETH 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	\$ <u>0</u>	\$ _____	\$ _____
2. Loans Received ..... Schedule B, Line 7	\$ <u>500</u>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>500</u>	\$ _____	\$ _____
4. Non-monetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	_____	_____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) ..... Add Lines 3 + 4	\$ <u>500</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>500</u>	\$ _____	\$ _____

## Expenditures Made

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ <u>300</u>	\$ _____	\$ _____
9. Loans Made ..... Schedule H, Line 7	\$ <u>000</u>	_____	_____
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9	\$ <u>300</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	\$ <u>0</u>	_____	_____
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11	\$ <u>300</u>	\$ _____	\$ _____

## Current Cash Statement

13. Beginning Cash Balance ..... Previous Summary Page, Line 17	\$ <u>99</u>
14. Cash Receipts ..... Column A, Line 3 above	\$ <u>500</u>
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments ..... Column A, Line 10 above	\$ <u>300</u>
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>299</u>

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) \$ \_\_\_\_\_

## 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>500</u>

## 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 B - Part I  
Loans Received

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

SCHEDULE B - Part I

Statement covers period  
from JAN 1, 1996  
through JUNE 30, 1996

CALIFORNIA 1996 FORM **490**  
Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
942177

DATE	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			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
3-22-96	<u>KEITH LAND</u> <u>511 Charleston Way</u> <u>Lodi, Ca 95242</u> <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<u>INSURANCE AGENT</u> <u>LAND INSURANCE</u> <u>AGENCY</u>	DUE DATE <u>12-31-96</u> INTEREST RATE <u>0</u> %	<u>\$ 500</u>	CALENDAR YEAR <u>500</u> OTHER \$ _____	\$ _____	CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____	\$ _____	CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____	\$ _____	CALENDAR YEAR \$ _____ OTHER \$ _____

\*See important instructions on reverse.

SUBTOTAL \$ (a) \_\_\_\_\_ \$ (b) \_\_\_\_\_ 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.) ..... \$ 500
- 2. Loans under \$100 received this period. (Do not itemize.) ..... \$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 500

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
  - 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
  - 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ (0)
  - 7. Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 500
- Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

**Schedule E  
Payments and Contributions  
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period from <u>JAN 1, 1996</u> through <u>JULY 30, 1996</u>	CALIFORNIA STATE FORM <b>490</b>
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

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

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>SHARA GUERRETTE 209 APPLEWOOD DRIVE LODI CA. 95242</u>	<u>L</u>			<u>\$300</u>

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 \$ 300

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>300</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>0</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>0</u>
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 \$ <u>300</u>