COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

Statement covers period
from 1/1/00
through 6/30/00

Date of election if applicable: (Month, Day, Year)
Ø

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- [x] Officeholder, Candidate Controlled Committee *(Also Complete Part 4.)*
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored

  (Also Complete Part 5.)
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 6.)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Broad Based

2. Type of Statement:

- [ ] Pre-election Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 902421

COMMITTEE NAME: Committee To Elect Phil Pennino

STREET ADDRESS (NO P.O. BOX): 1502 Keagle Way (209) 942-1730

CITY / STATE / ZIP CODE / AREA CODE/PHONE: Lodi CA 95242 (209) 942-1730

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

CITY / STATE / ZIP CODE / AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER: Math McGladdery

MAILING ADDRESS: 751 Dorchester Circle

CITY / STATE / ZIP CODE / AREA CODE/PHONE: Lodi CA 95240 (209) 334 3497

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

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Phillip Pennino

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP
1502 Keagle Wy | Lodi | CA | 95242

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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 7/26/00 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 7/24/00 (DATE) By [signature] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) 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

CALIFORNIA FORM 460

Statement covers period
from 1/1/00
through 6/30/00

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect Phillip Penning

I.D. NUMBER: 902421

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*	$ Ø	$ Ø	$ Ø
2. Loans Received	*Schedule B, Line 7*	Ø	Ø	Ø
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ Ø	$ Ø	$ Ø
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ Ø	$ Ø	$ Ø

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 755.00	$ 506.90	$ 1261.90
7. Loans Made	*Schedule H, Line 7*	Ø	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 755.00	$ 506.90	$ 1261.90
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	Ø	0	Ø
10. Nonmonetary Adjustment	*Schedule C, Line 3*	Ø	0	Ø
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 755.00	$ 506.90	$ 1261.90

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1204.97
13. Cash Receipts	*Column A, Line 3 above*	Ø
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	755.00
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 449.97

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 1, Column (b)* $ Ø

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ Ø
19. Outstanding Debts	*Add Line 2 + Line 9 in Column C above*	$ Ø

* 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).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ N/A	N/A
21. Expenditures Made	$ N/A	N/A

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period
from 1/1/00
through 6/30/00

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect Phillip Peuwino

I.D. NUMBER
902421

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
1/22/00	Committee To Elect Jack Seiglock 1702 Timberlake Dr Lodi, CA 95242 ☐ Support ☐ Oppose	☒ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		100.00	Calendar Year ____ Other ____
2/10/00	Richard Pombo for Congress 7527 W. Linne Road Tracy, CA 95376 C00261370 ☐ Support ☐ Oppose	☒ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		150.00	Calendar Year $ ____ Other ____
5/13/00	Citizens for Candal P.O. Box 250 Stockton CA 95207 ☐ Support ☐ Oppose	☒ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		75.00	Calendar Year $ ____ Other $ ____

SUBTOTAL $ 325

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 425.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 60.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 485.00

Schedu D

SCHEDULE D (CONT.)

CALIFORNIA FORM 460

from 1/1/00

through 6/30/00

NAME OF FILER Co — Elect Phillip Bennino

I.D. NUMBER 902421

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
6/5/00	Pescetti for Assembly 10675 Coloma RD Rancho Cordova, CA 95670 ID#: 962826 ☐ Support ☐ Oppose	☒ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		100.00	Calendar Year $ ____ Other $ ____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ ____ Other ____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ ____ Other ____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ ____ Other $ ____

SUBTOTAL $ 100.00

Schedule E
Payments Made

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

Statement covers period
from 1/1/00
through 6/30/00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect Phillip Pewnino

I.D. NUMBER: 902421

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
Lodi Lions Club P.O. Box 97 Lodi, CA 95241	CVC	Contribution to Non Profit Club	270.00
Committee To Elect Jack Seylock 1702 Timberlake Dr Lodi, CA 95242	CTB		100.00
Richard Pombo for Congress 7527 W Linne Road Tracy CA 95376 C00261370	CTB		150

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 620.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 695.00
2. Unitemized payments made this period of under $100 ..... $ 60.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 755.00

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 1/1/00
through 6/31/00

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect Phillip Pennino

I.D. NUMBER: 902421

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
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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
Citizens for Andal P.O. Box 250 Stockton CA 95209	CTB		75.00
Pescetti for Assembly 10675 Coloma Rd Rancho Cordova CA ID 962826	CTB		100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 175.00