COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-00
through 9-30-00

Date of election if applicable: (Month, Day, Year)
Nov 7

RECEIVED
00 OCT 25 AM 10:41
SUSAN J. BLACKSTON
CITY CLERK
CITY OF LODI

Date Stamp

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

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

- ☐ 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
- ☐ 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: 96-2479

COMMITTEE NAME: Lodi Firefighter P.A.C.

STREET ADDRESS (NO P.O. BOX): 217 W. Elm

CITY: Lodi STATE: CA ZIP CODE: 95242 AREA CODE/PHONE: 209 333 6774

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 1841

CITY: Lodi STATE: CA ZIP CODE: 95242 AREA CODE/PHONE: 209 333 6774

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: EVAN LUKE

MAILING ADDRESS: PO Box 1841

CITY: Lodi STATE: CA ZIP CODE: 95242 AREA CODE/PHONE: 209 333 6774

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lodi Firefighters PAC

I.D. NUMBER
96-2479

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*	$ 2000.	$ 0	$ 2000.
2. Loans Received	*Schedule B, Line 7*	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2000.	$ 0	$ 2000.
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2000.	$ 0	$ 0

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2952.80	$ 0	$ 0
7. Loans Made	*Schedule H, Line 7*	0	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2952.80	$ 0	$ 0
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2952.80	$ 0	$ 0

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1484.96
13. Cash Receipts	*Column A, Line 3 above*	2000.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	2952.80
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 532.16

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 1, Column (b)* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ 0

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column C above* $ 0

* 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	$	
21. Expenditures Made	$	

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

Page _____ of _____

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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 10-4-00 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (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)

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 7-1-00
through 9-30-00

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lodi Firefighters PAC

I.D. NUMBER
96-2479

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
7-28-00	United Firefighters of Lodi PO Box 1841 Lodi CA 95242	☐ IND ~~☒ COM~~ ☒ OTH		$2000.00	2000 00	
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				

SUBTOTAL $ 2000 00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 2000 00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2000 00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

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

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-00
through 9-30-00

SCHEDULE D
CALIFORNIA FORM 460

NAME OF FILER: Lodi Fire fighters PAC

I.D. NUMBER: 96-2479

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
9-14-00	Friends of Emily Howard City of Lodi, City Council ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		1000.00	Calendar Year $ 1000.00 Other $
9-14-00	Keith Land City of Lodi, City Council ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		1000.00	Calendar Year $ 1000.00 Other $
9-14-00	Anthony Peschetti for Assembly State Assembly ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		500.00	Calendar Year $ 500.00 Other $
			SUBTOTAL $	2500.00	

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 2500.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 2600.00

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 7-1-00
through 9-30-00

SCHEDULE D (CONT.)
CALIFORNIA FORM 460

NAME OF FILER: Lodi Firefighters PAC

I.D. NUMBER: 96-2479

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
9-14-00	Mike Machado state senate ☑ Support ☐ Oppose	☒ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		100.00	Calendar Year $ 100.00 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 7-1-00
through 9-30-00

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Firefighters PAC

I.D. NUMBER: 962479

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
Mike Machado for State Senate PO Box 1290 Stockton, CA 95201	CTB	Fundraiser Dinner	100.00
Galt Sign 521 C St Galt CA 95632		Banner made for Fundraisers	204.73
Friends of Emily Howard 852 Alder Place Lodi CA 95242	CTB		1000.00

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

SUBTOTAL $ 2804.73

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 2804.73
2. Unitemized payments made this period of under $100 ..... $ 148.07
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 2952.80

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 7-1-00 through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Firefighters PAC

I.D. NUMBER: 96-2479

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
Keith Land for City Council PO Box 1446 Lodi, CA 95241	CTB		1000.00
Anthony Peschetti for Assembly 11612 Long Ravine Ct Rancho Cordova, CA 95670	CTB		500.00

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

SUBTOTAL $ 1500.00