

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp
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SUSAN J. BLACKSTON
CITY CLERK
CITY OF LODI

CALIFORNIA FORM 460
Page 1 of 20
For Official Use Only

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

Date of election if applicable
(Month, Day, Year)
11/7/00

SEE INSTRUCTIONS ON REVERSE

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:

- ^{First} 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
1226486

COMMITTEE NAME
(Formerly Committee to Elect Emily Howard)
Friends of Emily Howard
STREET ADDRESS (NO P.O. BOX)
852 Alder Place
CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95242 369-2476
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER
Philip Lantsberger
MAILING ADDRESS
4578 Feather River Dr. Suite D
CITY STATE ZIP CODE AREA CODE/PHONE
Stockton, CA 95219 209-474-1084
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in Ink.

COVER PAGE - PART 2

CALIFORNIA	460
FORM	
Page <u>2</u> of <u>20</u>	

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Emily A. Howard

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
852 Alder Place, 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 <u>None</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 10/3/00
DATE

Executed on 10/3/00
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

Statement covers period from <u>7/1/00</u> through <u>9/30/00</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>20</u> I.D. NUMBER <u>1226486</u>
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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	\$ <u>4,712</u>	\$ _____	\$ <u>4,712</u>
2. Loans Received Schedule B, Line 7	\$ <u>3,074</u>	\$ _____	\$ <u>3,074</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>7,786</u>	\$ _____	\$ <u>7,786</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>1,135</u>	\$ _____	\$ <u>1,135</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>8,921</u>	\$ _____	\$ <u>8,921</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>7,130</u>	\$ _____	\$ <u>7,130</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ _____	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>7,130</u>	\$ _____	\$ <u>7,130</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ _____	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>1,135</u>	\$ _____	\$ <u>1,135</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>8,265</u>	\$ _____	\$ <u>8,265</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>7,786</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>7,130</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ <u>656</u>

* 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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>N/A</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>N/A</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>3,074</u>

Summary for Candidates in Both June and November Elections

	7/1 through 9/30	7/1 to Date
20. Contributions Received	\$ _____	\$ <u>7,786</u>
21. Expenditures Made	\$ _____	\$ <u>7,130</u>

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/00</u> through <u>9/30/00</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>20</u>		
I.D. NUMBER <u>1226486</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

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)
<i>8/10/00 9/26/00</i>	<i>Hakeem, Ellis, Simonelli & Marengo 2800 W. March Lane, Ste 200 Stockton, CA 95219</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>500</i>	<i>500</i>	
<i>7/31/00</i>	<i>Frank C. Alegre, Sr. 2000 Edgewood Dr. Lodi, CA 95242</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Owner/Trucking Alegre Trucking</i>	<i>500</i>	<i>500</i>	
<i>8/6/00</i>	<i>Stanley J. & Mary Eileen Morri 8556 Julie Lynne Cir Tracy, CA 95376</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Auto Sales Morri Ford</i>	<i>200</i>	<i>200</i>	
<i>9/14/00</i>	<i>Lodi Fire fighters / United Fire R.O. Box 1841 Lodi, CA 95241</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	<i>United Fire fighters of Lodi</i>	<i>1000</i>	<i>1000</i>	
<i>9/15/00</i>	<i>VPL Transport, INC. P.O. Box 600 Lodi, CA 95241</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>250</i>	<i>250</i>	

SUBTOTAL \$ *2450*

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ *4,300*
- Amount received this period – unitemized contributions of less than \$100 \$ *412*
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ *4,712*

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

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>7/1/00</u>	through <u>9/30/00</u>	
		Page <u>5</u> of <u>20</u>
NAME OF FILER <u>Friends of Emily Howard</u>		I.D. NUMBER <u>1226486</u>

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)
9/15/00	David Hefty & Associates 222 Lake Bell Avenue Seattle, WA 98122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Self - Sales David Hefty & Associates	100	100	
9/22/00	Duncan Lent Howard 1000 California Street San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	200	200	
9/22/00	Color Tech P.O. Box 9219 Stockton, CA 95208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100	100	
9/19/00	Gregory Soligan Carole Soligan 19391 N. Benedict Drive Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self Valley Paints	100	100	
9/24/00	Roy E Alexander 3007 Fr. Harold Avenue Los Angeles, CA 90058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Manager/owner Western Gasket	500	500	
9/21/00	Law office of Kevin Kelly 25079 W. River Road Stevenson, CA 95374	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Self Attorney Law offices of Kevin Kelly	100	100	
SUBTOTAL \$				<u>1100</u>		

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

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>7/1/00</u>	through <u>9/30/00</u>	
		Page <u>4</u> of <u>20</u>
NAME OF FILER <u>Friend of Emily Howard</u>		I.D. NUMBER <u>1226486</u>

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)
8/30/00	Opportunity Temps, Inc. 4578 Feather River Dr. suite B Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		750	750	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 750

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

Schedule B – Part 1
Loans Received

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**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

I.D. NUMBER

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	Emily A. Howard 852 Alder Place Lodi, CA 95242 <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physical Therapy Assistant (Medical Professional) Lodi Memorial Hospital	DUE DATE ON Demand INTEREST RATE 0 %	3.074	CALENDAR YEAR 3.074 OTHER \$	CALENDAR YEAR \$	OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$	CALENDAR YEAR \$	OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$	CALENDAR YEAR \$	OTHER \$
SUBTOTAL \$							Enter (b) on Summary Page, Line 17 only.	

Schedule B – Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) \$ 3,074
- Amount received this period – unitemized loans of less than \$100 \$ _____
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 3,074

Schedule B – Part 2 Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- 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. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ 0
- Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. NET \$ 3,074
May be a negative number.

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

Schedule B – Part 3
Annual Report of Outstanding Loans Received

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

SCHEDULE B - PART 3

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

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

I.D. NUMBER

1226486

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
<u>Emily Howard</u>	<u>9/9/2000</u>	<u>3,074</u>	<u>3,074</u>	<u>0</u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 3,074

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

Schedule C
Nonmonetary Contributions Received

to whole dollars.

Statement covers period from <u>7/1/00</u> through <u>9/30/00</u>	CALIFORNIA FORM 460
	Page <u>10, 20</u>
	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

Friends of Emily Howard

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/6/00 9/14/00 9/20/00	Opportunity Temps. Inc. 4578 Feather River Dr. Suite B Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Printing	1,135	1135	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,135

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 1,135
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 1,135

*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.

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

SCHEDULE D
CALIFORNIA FORM 460
 Page 11 of 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

I.D. NUMBER

1226486

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<u>None</u>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>N/A</u>	

Schedule D Summary

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

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period from <u>7/1/00</u> through <u>9/30/00</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>20</u>
	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

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: News Sentinel P.O. Box 1360 Lodi, CA 95241	Prt		683.54
Lodi: News Sentinel P.O. Box 1360 Lodi, CA 95241	Prt		108.50
Strategic Research Inc. 3333 W. Country Club Blvd. Stockton, CA 95204	Pol		490

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

SUBTOTAL \$ 1282

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>7,049</u>
2. Unitemized payments made this period of under \$100	\$ <u>81</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>7,130</u>

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/00</u>	CALIFORNIA FORM 460
through <u>9/30/00</u>	
Page <u>13</u> of <u>20</u>	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

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
Non-Partisan Candidate Evaluation Council, Inc. 921 11th Street, Suite 600 Sacramento, CA 95814	LIT		550.00
Citizens for Representative Government 9000 Sunset Blvd, Suite 707 Los Angeles, CA 90069	LIT		704
California Voters Guide 1658 W. Carson Street, Suite 454 Torrance, CA 90501	LIT		650
Candidates Outdoor Graphic Services 974 Terminal Way San Carlos, CA	CMP		1701
Voter Information Guide 13701 Riverside Dr, Suite 604 Sherman Oaks, CA 91423	LIT		400

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

SUBTOTAL \$ 4005

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/00</u> through <u>9/30/00</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>20</u>
	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Emily Howard

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 News Sentinel P.O. Box 1360 Lodi, CA 95241	PRT		293
AT&T Media Services 7409 Tam O'Shanter Dr., Suite 100 Stockton, CA 95210	TEL		1169
Lodi Chamber of Commerce 35 South School Street Lodi, CA 95242	MTG		200
City of Lodi Lodi, CA		Refundable Deposit w/ City for Removal of signs	100

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

SUBTOTAL \$ 1,762

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period from <u>7/1/00</u> through <u>9/30/00</u>	CALIFORNIA FORM 460
Page <u>15</u> of <u>20</u>	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>None outstanding @ 9/30/00</u>					
SUBTOTALS \$			\$	\$	\$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ _____
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ N/A
May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
Page <u>14</u> of <u>20</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Part 1
Loans Made to Others*

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

Statement covers period from <u>7/1/0</u> through <u>9/30/0</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>20</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard I.D. NUMBER 1226486

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
	<u>None</u>			

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. SUBTOTAL \$ 0

Schedule H – Part 1 Summary

- 1. Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) \$ _____
- 2. Unitemized loans under \$100 made this period \$ _____
- 3. Total loans made this period. (Add Lines 1 and 2.) TOTAL \$ _____

Schedule H – Part 2 Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee – Part 2 (a) subtotals. If forgiven, also itemize on Schedule E.) \$ _____
- 5. Unitemized payments received on loans under \$100. (Including a forgiveness.) \$ _____
- 6. Total loan payments received this period. (Add Lines 4 and 5.) TOTAL \$ _____
- 7. Net change this period. (Subtract Line 6 from Line 3. Enter the net here and on the Summary Page, Column A, Line 7.) NET \$ N/A
May be a negative number

