

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED OCT-5 PM 2:08 SUSAN J. BLACKSTON CITY CLERK CITY OF LODI	Page <u>1</u> of <u>26</u>
For Official Use Only	

Statement covers period  
from July 1, 2000  
through Sept. 30, 2000

Date of election if applicable:  
(Month, Day, Year)  
Nov. 7, 2000

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate<br>Controlled Committee<br><i>(Also Complete Part 4.)</i><br><br><input type="checkbox"/> Ballot Measure Committee<br><input type="radio"/> Primarily Formed<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 5.)</i> | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 6.)</i><br><br><input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Broad Based |
|---|--|

**2. Type of Statement:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Pre-election<br>Statement - Attach Form 495 |
|--|---|

**3. Committee Information**

I.D. NUMBER  
1224608

COMMITTEE NAME

Committee to Elect Bob Johnson

STREET ADDRESS (NO P.O. BOX)

1311 Midvale Road

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 (209)334-0370

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

Bruce Sasaki

MAILING ADDRESS

1806 W. Kettleman Lane Suite G

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95242 (209)369-3548

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

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Robert Johnson

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1311 Midvale Lodi CA 95240

**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 Committee to elect Bob Johnson	I.D. NUMBER 1224608
NAME OF TREASURER Bruce Sasaki	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMMITTEE ADDRESS 1311 Midvale Road	STREET ADDRESS (NO P.O. BOX)
CITY Lodi	STATE CA
ZIP CODE 95240	AREA CODE/PHONE (209) 334-0370

5. Ballot Measure Committee N/A

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.* N/A

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 10/5/00  
DATE

Executed on 10/5/01  
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.

Statement covers period  
from July 1, 2000  
through Sept. 1, 2000

SUMMARY PAGE  
**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to elect Bob Johnson

I.D. NUMBER  
1224608

**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>13,143.15</u>	\$ _____	\$ <u>13,143.15</u>
2. Loans Received ..... Schedule B, Line 7	<u>500.00</u>	_____	<u>500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>13,643.15</u>	\$ _____	\$ <u>13,643.15</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	_____	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>13,643.15</u>	\$ _____	\$ <u>13,643.15</u>

**Expenditures Made**

6. Payments Made ..... Schedule E, Line 4	\$ <u>3,678.98</u>	\$ _____	\$ <u>3,678.98</u>
7. Loans Made ..... Schedule H, Line 7	_____	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3,678.98</u>	\$ _____	\$ <u>3,678.98</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	_____	_____	_____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	_____	_____	_____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>3,678.98</u>	\$ _____	\$ <u>3,678.98</u>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ _____
13. Cash Receipts ..... Column A, Line 3 above	<u>13,643.15</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>5.86</u>
15. Cash Payments ..... Column A, Line 8 above	<u>3,678.98</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,970.03</u>

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

\* 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) \$ None

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse \$ None  
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above \$ None

**Summary for Candidates in Both June and November Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	<u>13,643.15</u>
21. Expenditures Made .....	\$ _____	<u>3,678.98</u>

through Sept. 30, 2000

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committe to elect Bob Johnson

I.D. NUMBER

1224608

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)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	OTHER (IF APPLICABLE)
	Dorean Rice P.O. Box 2501 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Manager Credit Bureau	100.00	100.00	
	Guthrie, Inc. P.O. Box 1240 Lodi, CA 95241-1240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00	150.00	
	Nils Trulsson 1742 Edgewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	200.00	200.00	
7-29-00	Barbara Craig TTEE P.O. Box 117 Clements, CA 95227-0117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Nursery Owner	100.00	100.00	
	Ivan Suess 1845 Lakeshore Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor	100.00	100.00	

**SUBTOTAL \$ 650.00**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 6,500.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 6,643.15
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 13,143.15**

\*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 from <u>July 1, 2000</u> through <u>Sept. 1, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>26</u>
	I.D. NUMBER <u>1224608</u>

NAME OF FILER

Committee to elect Bob Johnson

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)
7-27-00	Kathryn Munson 1530 Edgewood Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Hotel Owner	100.00	100.00	
7-27-00	Joy Holm 550 Willow Glen Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
7-23-00	Jack Alquist 19363 N. Wilderness Way Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dry Cleaner Owner	100.00	100.00	
7-25-00	Bob Casalegno 321 S. Hutchins Street Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Java Stop	100.00	100.00	
7-28-00	Baffoni Properties 1175 Orangewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	200.00	200.00	
7-25-00	Les Brooks 219 S. Avena Ave. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Contractor	100.00	100.00	
<b>SUBTOTAL \$ 700.00</b>						

\*Contributor Codes  
IND - Individual  
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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 from <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Committee to elect Bob Johnson</b>	I.D. NUMBER <b>1224608</b>
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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)
7-24-00	Hugh Metcalf 333 Palomar Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
7-25-00	Dolores Dayton 539 Willow Glen Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
7-26-00	George Kishida 1725 Ackerman Drive Lodi, CA 95240-6396	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Trucker	100.00	100.00	
7-29-00	Marilyn Field TTEE 624 Palm Ave. Lodi, CA 95240-0920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	200.00	200.00	
8-1-00	David Kirsten 1324 Midvale Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Commodity Broker	100.00	100.00	
7-31-00	Ronald Williamson 1723 Windjammer CRT. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	

**SUBTOTAL \$ 700.00**



\*Contributor Codes  
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 OTH - Other

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Committee to elect Bob Johnson	I.D. NUMBER 1224608
---	------------------------

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)
8-2-00	Alricks Steel Inc. 505 N. Sacramento Street Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		300.00	300.00	
8-1-00	Annette Murdaca 1135 Rivergate Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Restuarant Owner	1,000.00	1,000.00	
8-1-00	Philip Lenser 11 Ramblewood Way Woodbridge, CA 95258-9028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Stock Broker	150.00	150.00	
8-6-00	John Metz 215 W. Oak Street Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Insurance Broker	100.00	100.00	
8-3-00	Kenneth Kirsten 1650 Edgewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Bean Manager	100.00	100.00	
8-3-00	Robert Sutter 1640 Edgewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist	100.00	100.00	

SUBTOTAL \$ 1,750.00

\*Contributor Codes  
 IND - Individual  
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 OTH - Other

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CON

Statement covers period  
 from July 1, 2000  
 through Sept. 30, 2000

**CALIFORNIA FORM 460**

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NAME OF FILER  
 Committee to elect Bob Johnson

I.D. NUMBER  
 1224608

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)
8-2-00	Morris Knight 357 E. River Meadows Dr. Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Banker	100.00	100.00	
7-28-00	Frank Alegre 2000 Edgewood Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	500.00	500.00	
8-4-00	Ken Gini 325 E. Kettleman Lane Lodi, CA 95240-5922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Midas Muffler Owner	100.00	100.00	
7-31-00	Lawrence Albers 18001 Riverside Dr. Cleveland, OH 44107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
8-7-00	Hauser & Mouzes 18826 N. Lower Sacramento RD., STE. H Woodbridge, CA 95258-1397	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Law Corporation	100.00	100.00	
8-10-00	Theodore Katzakian P.O. Box 1033 Woodbridge, CA 95258-1033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Contractor	100.00	100.00	

**SUBTOTAL \$1,000.00**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in Ink.  
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to whole dollars.

SCHEDULE A (CON'

Statement covers period from <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Committee to elect Bob Johnson

I.D. NUMBER  
**1224608**

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)
8-11-00	Lustre-Cal P.O. Box 439 Lodi, CA 95241-0439	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Manufacturing Co.	100.00	100.00	
8-10-00	Blaine Dejong / Auto Works, Inc 324 N. Cluff Avenue Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Auto Repair	100.00	100.00	
8-8-00	Dan Anderson 1500 Edgewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Investor	100.00	100.00	
9-26-00	John Talbot 800 Maplewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Stock Broker	100.00	100.00	
9-23-00	Joe Thompson 2375 Cabrillo CR Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer	100.00	100.00	
9-26-00	Olympe Wilhoit 2400 Eilers Lane, No. 1806 Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>600.00</b>		

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Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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SCHEDULE A (CON

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2000	
through	Sept. 30, 2000	Page 10 of 26
I.D. NUMBER		1224608

NAME OF FILER  
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9-8-00	Bradford Dickey 801 S. Ham Lane Suite L Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist	100.00	100.00	
9-4-00	Patricia Steward 803 Tilden Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Teacher	100.00	100.00	
9-15-00	Harry Stafford 1516 Sylvan Way # 512 Lodi, CA 95242-4307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
9-20-00	Robert Mullen 10 S. Avena Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
9-19-00	Meta Munson 354 LaVida Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
9-21-00	Beverly Bentz 2581 Central Park Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	200.00	200.00	

SUBTOTAL \$ 700.00

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CON

Statement covers period  
from July 1, 2000  
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**CALIFORNIA FORM 460**

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NAME OF FILER  
Committee to elect Bob Johnson

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1224608

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)
9-25-00	John Lloyd Marshall 19422 Kevin Ct. Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Financial Advisor	100.00	100.00	
9-21-00	Richard Neuharth 300 Leland Ct. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
9-22-00	Robert Cook P.O. Box 2007 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	National Association of the Blind	100.00	100.00	
9-25-00	Paul's Safe, Lock & Key Shop 223 N. Church Street Lodi, CA 95240-2199	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
<b>SUBTOTAL \$</b>				<b>400.00</b>		

\*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 <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Bob Johnson

I.D. NUMBER

1224608

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
6-1-00	Bob Johnson 1311 Midvale Road Lodi. CA 95240  <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Real Estate Appraiser Duncan, Duncan & Associates	DUE DATE N/A INTEREST RATE N/A %	500.00	CALENDAR YEAR \$500.00 OTHER \$ None		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 \$
<b>SUBTOTAL \$ 500.00</b>								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.) ..... \$ 500.00
- Amount received this period – unitemized loans of less than \$100 ..... \$ None
- Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL \$** 500.00

**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.) ..... \$ None
- 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. .... \$ None
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... **TOTAL \$** None
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 2. .... **NET \$** 500.00  
May be a negative number.

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

Schedule B – Part 1 (Continuation Sheet)  
Loans Received

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

Statement covers period from <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER  <u>1224608</u>

NAME OF FILER

Committee to elect Bob Johnson

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
	<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 checked="" 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 \$ _____
	<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 checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE  INTEREST RATE  _____ %		CALENDAR YEAR  \$ _____ OTHER \$ _____		CALENDAR YEAR  \$ _____ OTHER \$ _____
				<b>SUBTOTAL \$</b>				Enter (b) on Summary Page, Line 17 only.

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





**Schedule C  
Nonmonetary Contributions Received**

to whole dollars.

Statement covers period  
from July 1, 2000  
through Sept. 30, 2000

**CALIFORNIA FORM 460**  
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I.D. NUMBER  
1224608

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Bob Johnson

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)
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ None

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ None
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ None
- 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 \$ None

\*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.

SCHEDULE D

Statement covers period from <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

Committee to elect Bob Johnson

I.D. NUMBER  
 1224608

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

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ None
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ None
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** None

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 July 1, 2000  
 through Sept. 30, 2000

SCHEDULE D (CONT.)  
**CALIFORNIA FORM 460**  
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 1224608

NAME OF FILER

Committee to elect Bob Johnson

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<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	<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 \$ _____
<b>SUBTOTAL \$</b>					

Schedule E  
Payments Made

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

SCHEDULE E

Statement covers period from <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Bob Johnson

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-Tokay Rotary Club P.O. Box 651 Lodi, CA 95242	FND	Street Faire Event	100.00
Patriot Signage 1001 Second Ave. Dayton, KY 41074	CMP		1,610.00
Gael H. Troughton Photography 717 Alicante Drive Lodi, CA 95240	LIT		116.57

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>3,382.43</u>
2. Unitemized payments made this period of under \$100	\$ <u>296.55</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ _____
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>3,678.98</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>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to elect Bob Johnson

**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		1,000.00
Coffaros Signs 18540 N. Highway 88 Lockeford, CA	CMP		169.84
Continuing The Republican Revolution P.O. Box 936 Tustin, CA 92781	LIT		100.00
County of San Joaquin-Registrar of Voters 212 N. San Joaquin Stockton, CA	VOT		286.02

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

**SUBTOTAL \$ 1,555.86**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

Statement covers period from <u>July 1, 2000</u>	<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2000</u>	
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to elect Bob Johnson

**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)* | <b>PRO professional services (legal, accounting)</b> | 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

None

**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 <u>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

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Committee to elect Bob Johnson

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1224608

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

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ None**

\* 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.

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

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>July 1, 2000</u> through <u>Sept. 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Bob Johnson

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT

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

**SUBTOTAL \$**

**Schedule H – Part 1 Summary**

- 1. Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) ..... \$ None
- 2. Unitemized loans under \$100 made this period ..... \$ None
- 3. Total loans made this period. (Add Lines 1 and 2.) ..... **TOTAL \$** None

**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.) ..... \$ None
- 5. Unitemized payments received on loans under \$100. (Including a forgiveness.) ..... \$ None
- 6. Total loan payments received this period. (Add Lines 4 and 5.) ..... **TOTAL \$** None
- 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 \$** None  
May be a negative number





**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period  
from July 1, 2000  
through Sept. 30, 2000

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1224608

Committee to elect Bob Johnson

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period. .... \$ None
- 2. Unitemized increases to cash under \$100 this period. .... \$ 5.86
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) ..... \$ None
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 5.86