

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84268-84270.5)

Type or print in ink.

COVER PAGE

**REVIEWED BY**  
*S. Blackett*  
 City Clerk/Dep. City Clerk  
 Date 10/24/00

Statement covers period  
 from 10-1-00  
 through 10-21-00

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

Date Stamp  
 RECEIVED  
 00 OCT 24 AM 1:03  
 SUSAN J. BLACKSTON  
 CITY CLERK  
 CITY OF LODI

**CALIFORNIA FORM 460**  
 Page 1 of 5  
 For Official Use Only

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:**

- 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

COMMITTEE NAME  
Committee to Elect Stephen MANN

STREET ADDRESS (NO P.O. BOX)  
111 N. Crescent Ave.

CITY STATE ZIP CODE AREA CODE/PHONE  
LODI CA 95240 209-334-5943

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
P.O. Box 648

CITY STATE ZIP CODE AREA CODE/PHONE  
LODI CA 95241 SAME

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Robert A. Rocha

MAILING ADDRESS  
P.O. Box 731

CITY STATE ZIP CODE AREA CODE/PHONE  
Clements CA 95227 334-6650

NAME OF ASSISTANT TREASURER, IF ANY  
Stephen J. Mann

MAILING ADDRESS  
P.O. Box 648

CITY STATE ZIP CODE AREA CODE/PHONE  
LODI CA 95241 334-5943

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

Page 2 of 5

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Stephen J. Mann

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
111 N. Crescent 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	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 10-21-00  
DATE

Executed on 10-21-00  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Stephen Mann  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Stephen Mann  
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

Statement covers period from <u>10-1-00</u> through <u>10-21-00</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Stephen J. Mann

**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>4882</u>	\$ <u>8313</u>	\$ <u>13,195</u>
2. Loans Received ..... Schedule B, Line 7	<u>—</u>	<u>—</u>	<u>—</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>4882</u>	\$ <u>8313</u>	\$ <u>13,195</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>—</u>	<u>—</u>	<u>—</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>4882</u>	\$ <u>8313</u>	\$ <u>13,195</u>

**Expenditures Made**

6. Payments Made ..... Schedule E, Line 4	\$ <u>1005</u>	\$ <u>3323</u>	\$ <u>4328</u>
7. Loans Made ..... Schedule H, Line 7	<u>—</u>	<u>—</u>	<u>—</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1005</u>	\$ <u>3328</u>	\$ <u>4328</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>—</u>	<u>—</u>	<u>—</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>—</u>	<u>—</u>	<u>—</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1005</u>	\$ <u>3323</u>	\$ <u>4328</u>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>5323</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>4882</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>—</u>
15. Cash Payments ..... Column A, Line 8 above	<u>1005</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9200</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).

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ <u>99</u>	<u>13,096</u>
21. Expenditures Made .....	\$ <u>410</u>	<u>3,918</u>

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See Instructions on reverse	\$ <u>—</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>—</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>10-1-00</u>		<b>CALIFORNIA FORM 460</b>
through <u>10-21-00</u>		
Page <u>4</u> of <u>5</u>		I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. MANN

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)
10/19/00	PACIFIC COAST PRODUCE 1001 P.O. BOX 1600 95241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000	1000	
10/18/00	ANNETTE MURDACA 4001 1135 RIVERGATE 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	802	901	
10/3/00	PAT STOCKATZ <del>Victor</del> Victor, CA 95352 P.O. BOX 673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	200	200	
10/6/00	SCOTT DAVIS 4001 809 LAVER CT. 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Food Rep.	100	100	
10/6/00	WASTE MANAGEMENT <del>SAN RAFAEL</del> SAN RAFAEL, CA 94903 155 N. Redwood,	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200	200	
<b>SUBTOTAL \$</b>				<u>2302.00</u>		

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2302.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 2590.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4892.00

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-1-00</u>	<b>CALIFORNIA FORM 460</b>
through <u>10-21-00</u>	
Page <u>5</u> of <u>5</u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. MANK

**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
<u>Postmaster</u> <u>2001</u> <u>120 S. School 922040</u>	<u>POS</u>		<u>840</u>

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

SUBTOTAL \$ 840

**Schedule E Summary**

- |  |                      |
|--|----------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ <u>840</u>        |
| 2. Unitemized payments made this period of under \$100   | \$ <u>165</u>        |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)       | \$ <u>—</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>1005</u> |