

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

REVIEWED BY
S. Blachot
City Clerk/Dep. City Clerk
Date 10/27/00

AMENDMENT

COVER PAGE

CALIFORNIA FORM 460

AMENDED

Statement covers period
from JULY 1, 2000
through SEPTEMBER 30, 2000

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

Date Stamp
RECEIVED
OCT 26 PM 4:04
JUS. L. LACKSTON
CITY CLERK
CITY OF LODI

Page 1 of 12
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.)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6.)
- Ballot Measure Committee
- General Purpose Committee
- Primarily Formed
- Sponsored
- Controlled
- Broad Based
- Sponsored (Also Complete Part 5.)

2. Type of Statement:

- Pre-election Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement
 - Supplemental Pre-election Statement - Attach Form 495
 - Amendment (Explain below)
- (1) CHANGES PER LETTER FROM CITY 10/20/00 VARIOUS
- (2) SUMMARY PAGE LINE 10 SHOULD BE \$500.00
- (3) ADDITIONAL CONTRIBUTION ON SCHEDULE A OF \$275.00

3. Committee Information

I.D. NUMBER
942177

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

STREET ADDRESS (NO P.O. BOX)

2584 FRONTIER LANE

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 368-6708

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

POST OFFICE BOX 1446

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95241 (209) 368-6708

OPTIONAL: FAX/E-MAIL ADDRESS

LAND@LODINET.COM

Treasurer(s)

NAME OF TREASURER

DAVID L DUNCAN, CPA

MAILING ADDRESS

1820 WEST KETTLEMAN LANE, SUITE A

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 339-0100

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
Page 2 of 12

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
KEITH LAND

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2584 FRONTIER LANE LODI CA 95242

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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
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	
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

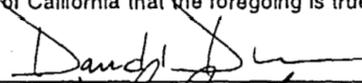
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCTOBER 26, 2000
DATE

Executed on OCTOBER 26, 2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
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

AMENDED

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

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 <i>Schedule A, Line 3</i>	\$ <u>9,449.50</u>	\$ <u>500.00</u>	\$ <u>9,949.50</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0</u>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>9,449.50</u>	\$ <u>500.00</u>	\$ <u>9,949.50</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>500.00</u>	<u>0</u>	<u>500.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>9,949.50</u>	\$ <u>500.00</u>	\$ <u>10,449.50</u>

Expenditures Made

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>7,133.29</u>	\$ <u>22.00</u>	\$ <u>7,155.29</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0</u>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>7,133.29</u>	\$ <u>22.00</u>	\$ <u>7,155.29</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>1,251.00</u>	<u>0</u>	<u>1,251.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>500.00</u>	<u>0</u>	<u>500.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>8,884.29</u>	\$ <u>22.00</u>	\$ <u>8,906.29</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>478.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>9,449.50</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>7,133.29</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2,794.21</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See Instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0</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).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>500.00</u>	<u>9,949.50</u>
21. Expenditures Made	\$ <u>22.00</u>	<u>8,884.29</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>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>12</u>	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

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)
8-21-00	DONALD & CAROL FRASER 509 APPLEWOOD DRIVE LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKING F & M BANK	100.00	100.00	
8-23-00	LES CALKINS 19825 NORTH HIGHWAY 99 ACAMPO, CALIFORNIA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00	100.00	
8-23-00	TOKAY RECYCLING CENTER 60 SOUTH CLUFF AVENUE LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
8-24-00	HERUM CRABTREE BROWN DYER ZOLEZZI & TERPSTRA INC 2291 WEST MARCH LANE SUITE B100 STOCKTON, CALIFORNIA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00	150.00	
8-29-00	JIM & ANNETTE MURDACA 1135 RIVERGATE DRIVE LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RESTAURANT OWNER PIETRO'S	1,000.00	1,000.00	

SUBTOTAL \$ 1,450.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$1,450.00 + \$700.00 + \$1,000.00 + \$2,000.00 \$ 5,150.00
- Amount received this period – unitemized contributions of less than \$100 \$ 4,299.50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 9,449.50**

*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>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>12</u>
I.D. NUMBER 942177	

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

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)
8-31-00	HARRY & PHYLLIS SCHUMACHER 1165 GREEN OAKS WAY LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER RETIRED	100.00	100.00	
9-05-00	PHILIP & DEBRA LENSER 11 RAMBLEWOOD WAY WOODBRIDGE, CALIFORNIA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	STOCK BROKER EDWARDS D JONES	100.00	100.00	
9-05-00	RALPH A BURLINGTON 555 RIVERSIDE DRIVE WOODBRIDGE, CALIFORNIA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETAIL AG SUPPLIES RETIRED	100.00	100.00	
9-05-00	SUZANNE C CLAY 2424 COCHRAN ROAD #2 LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	EXECUTIVE DIRECTOR LODI HOUSE	100.00	100.00	
9-06-00	STAN & JOANN SOGSTI 931 EUCALYPTUS COURT LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SALES MANAGER ALLSTATE	100.00	100.00	
9-07-00	PATRICK & SANDRA STOCKAR POST OFFICE BOX 673 VICTOR, CALIFORNIA 95253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER / RANCHER	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 (CONT.)

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>12</u>
	I.D. NUMBER <u>942177</u>

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

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)
9-07-00	STEWART C ADAMS JR 816 EVERT COURT LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	ATTORNEY ADAMS EDWARDS & WELCH	100.00	100.00	
9-08-00	ROBERT MONDAVI CORPORATION POST OFFICE BOX 1260 WOODBRIDGE, CALIFORNIA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
9-11-00	ROEK CONSTRUCTION POST OFFICE BOX 30038 STOCKTON, CALIFORNIA 95213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
9-11-00	OLE R METTLER 17900 NORTH CHERRY ROAD LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER F & M BANK	100.00	100.00	
9-12-00	JAMES W BAUM 3380 EAST WOODBRIDGE ROAD ACAMPO, CALIFORNIA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	MOBILE HOME PARK OWNER ALMOND DRIVE ESTATES	500.00	500.00	
9-12-00	JOSEPH & MARILYN MAJERNIK 1416 IRIS DRIVE NO. 5 LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00	100.00	

SUBTOTAL \$ 1,000.00

*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>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>12</u>	I.D. NUMBER <u>942177</u>

NAME OF FILER
COMMITTEE TO ELECT KEITH LAND

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)
9-12-00	KEN & LISA SMITH 4948 MOSHER DRIVE STOCKTON, CALIFORNIA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER F & M BANK	100.00	100.00	
9-15-00	LODI FIREFIGHTERS POST OFFICE BOX 1841 LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,000.00	1,000.00	
9-21-00	TOUCH OF MESQUITE 4400 EAST KETTLEMAN LANE LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
9-22-00	GOOD EARTH FARMS LLC POST OFFICE BOX 2696 LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	500.00	
9-25-00	NAOMI McCALLUM CAREY 402 WEST OAK STREET LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00	100.00	
9-28-00	E. F. KLUDT & SONS INC. 1126 EAST PINE STREET LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	
SUBTOTAL \$				2,000.00		

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>12</u>
I.D. NUMBER <u>942177</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

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/ FAIRMARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-30-00	SWINNEY KIEHN & DUNCAN, CPA'S 1820 WEST KETTLEMAN LANE STE A LODI, CALIFORNIA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CERTIFIED PUBLIC ACCOUNTANTS	CLERICAL SERVICES	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 500.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$ 500.00

*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>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>12</u>
I.D. NUMBER 942177	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

- | | | |
|---|---|---|
| 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 fundraisng 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.S. POSTMASTER 120 SOUTH SCHOOL STREET LODI, CALIFORNIA 95241	POS		330.00
LODI PRINTING COMPANY 2 LOUIE AVENUE LODI, CALIFORNIA 95240	OFC		3,271.29
LODI NEWS SENTINEL 125 NORTH CHURCH STREET LODI, CALIFORNIA 95240	PRT		400.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$4,001.29 + \$2,700.00 + \$420.00	\$	7,121.29
2. Unitemized payments made this period of under \$100		\$	12.00
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	\$	7,133.29

**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>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>12</u>
I.D. NUMBER 942177	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

- | | | |
|---|---|---|
| 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
TRAVIS CAFE & CATERING CO. 904 WEST LODI AVENUE LODI, CALIFORNIA 95240	MTG		200.00
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE, SUITE A LODI, CALIFORNIA 95240		OUTDOOR BILLBOARDS	660.00
NON-PARTISAN COUNCIL INC 921 - 11TH STREET SUITE 600 SACRAMENTO, CALIFORNIA 95814	LIT		550.00
STRATEGIC RESEARCH INC 3333 WEST COUNTRY CLUB BOULEVARD STOCKTON, CALIFORNIA 95204	CNS		490.00
WORLD ACCESS DESIGNS 1209 WEST TOKAY STREET SUITE 11 LODI, CALIFORNIA 95240	WEB		800.00

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

SUBTOTAL \$ 2,700.00

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period
from JULY 1, 2000
through SEPTEMBER 30, 2000

**CALIFORNIA
FORM 460**

Page 11 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

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
PORTRAITS BY TAMMY 318 WEST PINE STREET, SUITE A LODI, CALIFORNIA 95240		CAMPAIGN PICTURES	420.00

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

SUBTOTAL \$ 420.00

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

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

Statement covers period from <u>JULY 1,</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>12</u>
I.D. NUMBER 942177	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

- | | | |
|---|---|---|
| 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	(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
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE, SUITE A LODI, CALIFORNIA 95240	OUTDOOR BILLBOARDS	0	1,911.00	660.00	1,251.00

