

AMENDMENT

Recipient Committee Campaign Statement

Type or print in ink.

OVER PAGE

(Government Code Sections 81200, 81216.5)

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

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

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

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

CALIFORNIA FORM 460
Page 1 of 8
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)
Various connections
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME
Committee to Elect Stephen Mann

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

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

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
Robert A. Rocket

MAILING ADDRESS
P.O. Box 731

CITY STATE ZIP CODE AREA CODE/PHONE
Clements CA 95227 759-3866

NAME OF ASSISTANT TREASURER, IF ANY
Stephen J. Mann

MAILING ADDRESS
111 N. Crescent

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

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 _____ of _____

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, 1001 City Council
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
111 N. Crescent 1001 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
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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 checked="" 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 10-4-00
 DATE
 Executed on 10-4-00
 DATE
 Executed on _____
 DATE
 Executed on _____
 DATE

By Stephen J. Mann
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By Stephen J. 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

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>8</u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Stephen T. 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)
9/22/00	GOOD EARTH FARMS P.O. BOX 2696 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500	500	
9/29/00	LARRY AND IRENE UNDERHILL 1317 EDGEWOOD DR LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor	300	300	
9/15/00	Jack Fiori 810 W. WALNUT LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	California Waste Recovery	150	150	
8/19/00	JACK & BRENDA SIGROCK 1702 TIMBER LAKE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	County Supervisor	150	150	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 1100

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1700
- Amount received this period – unitemized contributions of less than \$100 \$ 6514
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 8214

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

Schedule (Continuation Sheet)
 Monetary Contributions Received

Type Int in Ink.
 Amounts may be rounded
 to whole dollars.

SC. ULE A (CONT.)

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>	CALIFORNIA FORM 460
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	I.D. NUMBER <u>922038</u>

NAME OF FILER Stephen J. Mand

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	HARVEY & Ruth BERNDT 20 S. ORANGE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	farmers	100	100	
9/16/00	FRANCIS Wilson 810 W. Elm LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	retired	100	100	
9/16/00	Luster-Carl P.O. Box 439 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100	100	
9/6/00	ERIC ALBERT 1241 RIVERGATE DR LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Doctor	100	100	
9/6/00	JACK & MARTHA CARTER 2371 Hyde PARK CIR LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	retired	100	100	
9/12/00	Russ & KATHRYN MURSON 1530 LAKEWOOD DR LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Builder	100	100	
SUBTOTAL \$				<u>600</u>		

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

Schedule B - Part 1
Loans Received

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
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. Mann

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	AMOUNT GUARANTEED	CUMULATIVE TO DATE
<u>8/24/00</u>	<u>Stephen J. Mann</u> <u>111 N. Crescent</u> <u>Lodi, CA 95240</u> <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM	<u>candidate</u>	DUE DATE <u>open</u> INTEREST RATE <u>0</u> %	<u>2000</u>	CALENDAR YEAR <u>2000</u> OTHER	\$	CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR	\$	CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		INTEREST RATE		OTHER	\$	OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR	\$	CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		INTEREST RATE		OTHER	\$	OTHER
SUBTOTAL \$ <u>2000</u>							Enter (b) on	

Schedule B - Part 1 Summary

4. 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.)	\$ <u>2000</u>
5. 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.	\$ <u>—</u>
6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL	\$ <u>2000</u>
7. Net change this period. (Subtract Line 6 from Line 3.) Enter the net here and on the Summary Page, Column A, Line 2.	\$ <u>0</u>

*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>7-1-00</u> through <u>9-30-00</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. Mann

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>CITY OF LODI P.O. Box 3006 LODI, CA 95244</u>		<u>Deposit</u>	<u>100</u>
<u>Patriot Signs 1001 Second Ave Dayton, NY 41074</u>		<u>LAWN SIGNS</u>	<u>1685</u>
<u>DUNCAN Press: 25 W. Lockwood LODI, CA 95240</u>	<u>CMP</u>		<u>928.81</u>
<u>Postmaster: 120 S. School, LODI 95240</u>	<u>POS</u>		<u>165</u>

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

SUBTOTAL \$ 2878.81

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>2878.81</u>
2. Unitemized payments made this period of under \$100	\$ <u>35</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>2913.81</u>