

Recipient Committee
Campaign Statement

Type or print in

Amendment

COVER PAGE

(Government Code Sections 84200-84210.5)
REVIEWED BY
City Clerk/Dep. City Clerk
Date 11/15/00

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
NOV 15 PM 1:55
SAN J. BLACKSTON
CITY CLERK
CITY OF LOSI

CALIFORNIA FORM 460
Page 1 of 20
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 ^{First}
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

Amend Schedule B - Part 2, C and E - pg 14

3. Committee Information

I.D. NUMBER
1226486

COMMITTEE NAME
(Formerly Committee to Elect Emily Howard)

Friends of Emily Howard

STREET ADDRESS (NO P.O. BOX)
852 Alder Place

CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95242 309-2476

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
Philip Lantsberger

MAILING ADDRESS
4578 Feather River Dr. Suite D

CITY STATE ZIP CODE AREA CODE/PHONE
Stockton, CA 95219 209-474-1084

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Emily A Howard

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
852 Alder Place, Lodi, CA 95242

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

COMMITTEE NAME <u>None</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

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 <u>N/A</u>	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 11/9/00
DATE

Executed on 11/15/00
DATE

Executed on _____
DATE

Executed on _____
DATE

By Philip Lamborge
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Emily A Howard
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 B - Part 1
Loans Received

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

SCHEDULE PART 1

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

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I.D. NUMBER
1226486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

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
<u>9/1/00</u> <u>4/1/00</u>	<u>Emily A. Howard</u> <u>852 Alder Place</u> <u>Lodi, CA 95242</u> <input type="checkbox"/> Lender <input checked="" type="checkbox"/> Guarantor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Physical therapy Assistant</u> <u>(Medical Professional)</u> <u>Lodi Memorial Hospital</u>	DUE DATE <u>ON Demand</u> INTEREST RATE <u>0 %</u>	<u>3.074</u>	CALENDAR YEAR <u>3.074</u> OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
		<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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
SUBTOTAL \$ <u>3.074</u>							Enter (b) on Summary Page, Line 17 only.	

Schedule B - Part 1 Summary

Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.) \$ 3,074

Amount received this period - unitemized loans of less than \$100 \$ 0

Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 3,074

Schedule B - Part 2 Summary

Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0

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. \$ 0

Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ 0

Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. NET \$ 3,074
May be a negative number.

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

Schedule C
 Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>7/4/00</u> through <u>9/30/00</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Friends of Emily Howard

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
6/00 1/14/00 12/00	Opportunity Temps, Inc. 4578 Feather River Dr. Suite B Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Printing	1,135	1135	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,135

Schedule C Summary

Amount received this period – nonmonetary contributions of \$100 or more.
 (Include all Schedule C subtotals.) \$ 1,135

Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 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 \$ 1,135

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

Schedule E
Continuation of Schedule D
Payments Made

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

SCHEDULE (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>1226486</u>	

INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

DES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| campaign consultants | PET petition circulating | SAL campaign workers salaries |
| contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| campaign literature and mailings | PRT print ads | VOT voter registration |
| meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi News Sentinel P.O. Box 1360 Lodi, CA 95241	PRT		293
ATT Media Services 17409 Tam O'Shanter Dr., Suite 100 Stockton, CA 95210	TEL		1169
Lodi Chamber of Commerce 35 South School Street Lodi, CA 95242	RTG		200
City of Lodi 221 W. Pine Street Lodi, CA 95241		Refundable Deposit w/ City for Removal of Signs	100

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

SUBTOTAL \$ 1,762