

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from <u>JULY 1</u> through <u>SEPTEMBER 30</u>	Date Stamp RECEIVED NOV 8 35 PM 1:12 STATE OF CALIFORNIA	COVER PAGE LONG FORM CALIFORNIA 490 Page <u>1</u> of <u>5</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>Nov. 8, 1994</u>		

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
KEITH LAND

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
511 CHARLESTON WAY

CITY LODI STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209 368-6708

COMMITTEE NAME
COMMITTEE TO ELECT KEITH LAND I.D. NUMBER 942177

COMMITTEE ADDRESS (NO. AND STREET)
1806 W. KATLEHAN LANE SUITE K

CITY LODI STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209 333-7318

NAME OF TREASURER
PETER V. HETZNER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
611 ATHERTON DR.

CITY LODI STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209 368-6352

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that 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 (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 10/5/94 At LODI, CA

By [Signature] SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 10/5/94 At LODI, CA

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

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</u> through <u>SEPT 30</u>	CALIFORNIA 1994 FORM 490 Page <u>2</u> of <u>5</u>
I.D. NUMBER <u>942177</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - 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 (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>2876.97</u>	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>2876.97</u>	\$ _____	\$ _____
4. Non-monetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ _____	\$ _____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ <u>2876.97</u>	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	\$ <u>0</u>	\$ _____	\$ _____
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>2876.97</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>2552.70</u>	\$ _____	\$ _____
9. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ _____	\$ _____
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>2552.70</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	\$ <u>0</u>	\$ _____	\$ _____
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>2552.70</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>0</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>2876.97</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>2876.97</u>
16. Cash Payments Column A, Line 10 above	\$ <u>2552.70</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 <i>If this is a termination statement, Line 17 must be zero.</i>	\$ <u>324.27</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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ <u>0</u>	\$ _____
19. Cash Equivalents See instructions on reverse	\$ <u>0</u>	\$ _____
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ <u>0</u>	\$ _____
21. Contributions Received	\$ _____	\$ _____
22. Expenditures Made	\$ _____	\$ _____

Cash Equivalents and Outstanding Debts

**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</u> through <u>SEPT. 30</u>	CALIFORNIA 1994 FORM 490
	Page <u>3</u> of <u>5</u>
I.D. NUMBER <u>942177</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	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)

SUBTOTAL \$ 0

Monetary Contributions Summary

- 1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- 2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 2876.97
- 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2876.97

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period from <u>JULY 1</u>	CALIFORNIA 954 FORM 490
through <u>SEPT 30</u>	
Page <u>4</u> of <u>5</u>	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>VALLEY OUTDOOR ADVERTISING 709 W. KESTLEMAN LANE, SUITE A Lodi, CA 95240</u>	<u>O</u>			<u>730.-</u>
<u>PHOTO INSTANT PAINT 222 W. PINE ST. Lodi, CA 95240</u>	<u>L</u>			<u>454.86</u>
<u>CASH SAVER ADS 11 E. 6TH ST. TRACY, CA 95376</u>	<u>N</u>			<u>145.-</u>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 1,329.86

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>2,486.11</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>66.59</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>0</u>
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 2,552.70

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 1</u> through <u>SEPT 30</u>	CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>	
I.D. NUMBER <u>942177</u>	

CODES FOR CLASSIFYING EXPENDITURES

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
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| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>LASTING IMPRESSIONS 110 N. SCHOOL ST. LODI, CA. 95240</u>	<u>0</u>		<u>CAMPAIGN BUTTONS</u>	<u>122.06</u>
<u>LODI PRINTING COMPANY 2 LOUIE AVE. LODI, CA. 95240</u>	<u>0</u>		<u>LAWN SIGNS</u>	<u>567.84</u>
<u>FOSTER LUMBER 2411 MAGGIO CIRCLE LODI, CA. 95241</u>	<u>0</u>		<u>WOOD STAKES</u>	<u>187.50</u>
<u>THE COLORING BOOK 404 W. LODI AVE LODI, CA. 95240</u>	<u>0</u>		<u>CAMPAIGN T-SHIRTS</u>	<u>154.55</u>
<u>RALEY'S # 445 311 LOWER SACRAMENTO RD LODI, CA. 95242</u>	<u>F</u>		<u>CAMPAIGN KICKOFF</u>	<u>124.30</u>

SUBTOTAL \$ 1156.25