

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE LONG FORM

CALIFORNIA 490 FORM
Page 1 of 5
For Official Use Only
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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 Oct 23, 1994
through Dec 31, 1994
Date of election if applicable:
(Month, Day, Year)
Nov 8, 1994

Date Stamp
65 JAN 31 PM 1:21
JENNIFER H. HERRICK
CLERK

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 STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA. 95242 209 368-6708
COMMITTEE NAME I.D. NUMBER
COMMITTEE TO ELECT KEITH LAND 942177
COMMITTEE ADDRESS (NO. AND STREET)
1806 W. KENTLEMAN LN. SUITE K
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA. 95242 209 333-7318
NAME OF TREASURER
PETRA V. HETZNER
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
611 AHERTON DR.
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA. 95242 209 368-5352

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 1/31/95 At LODI, CA By Petra V. Hetzner
DATE CITY AND STATE 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 1/31/95 At LODI, CA By Keith Land
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>Oct 23, 1994</u> through <u>Dec 31, 1994</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>3066.90</u>	\$ <u>3972.97</u>	\$ <u>7039.87</u>
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>3066.90</u>	\$ <u>3972.97</u>	\$ <u>7039.87</u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>3066.90</u>	\$ <u>3972.97</u>	\$ <u>7039.87</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>3066.90</u>	\$ <u>3972.97</u>	\$ <u>7039.87</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>3240.68</u>	\$ <u>3744.14</u> <u>3799.19</u>	\$ <u>7039.87</u>
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>3240.68</u>	\$ <u>3799.19</u>	\$ <u>7039.87</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>3240.68</u>	\$ <u>3799.19</u>	\$ <u>7039.87</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>173.78</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>3066.90</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>3240.68</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>0</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

* 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).

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$ 0

Cash Equivalents and Outstanding Debts

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>

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	\$ _____
22. Expenditures Made	\$ _____	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>Oct 23, 1994</u> through <u>Dec 31, 1994</u>	CALIFORNIA 1994 FORM 490
	Page <u>3</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>	
I.D. NUMBER <u>942177</u>	

SEE INSTRUCTIONS ON REVERSE

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 \$					

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.) \$ 3066.90
- 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3066.90

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

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

SCHEDULE E

Statement covers period from <u>Oct 23, 1994</u> through <u>Dec 31, 1994</u>	CALIFORNIA DISFORM 490
Page <u>4</u> of <u>5</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>	
I.D. NUMBER <u>942177</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

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>KAREN KONRAD 2935 FRANKWOOD DR. Lodi, CA. 95240</u>	<u>6</u>		<u>POSTAGE</u>	<u>129.92</u>
<u>CONTINENTAL CABLE 6505 TAM O'SHANTER STOCKTON, CA.</u>	<u>B</u>			<u>1096.62</u>
<u>WBF BAND 2935 FRANKWOOD DR Lodi, CA. 95242</u>	<u>F</u>			<u>500.-</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 \$ 1726.54
~~2726.54~~ KX

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>3199.24</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>43.14</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ _____
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 \$ <u>3240.68</u>

**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.)

Statement covers period from <u>Oct 23, 1994</u> through <u>Dec 31, 1994</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND - COMMITTEE TO ELECT KEITH LAND

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) |
| "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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>VALLEY OUTDOOR ADVERTISING 709 W. KETTLEMAN LN, STA 1001, CA. 95240</u>	<u>O</u>			<u>730.-</u>
<u>1001 NEWS - SENTINEL 125 N. CHURCH ST. 1001, CA. 95240</u>	<u>N</u>			<u>742.70</u>

SUBTOTAL \$ 1472.70