

**Recipient Committee Campaign Statement**

(Government Code Sections 91200-91210.5)

Type or print in Ink.

COVER PAGE

REVIEWED BY  
SB  
 City Clerk/Dep. City Clerk  
 Date 2-8-01

Statement covers period  
 from JULY 1, 2000  
 through DEC. 31, 2000

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

Date Stamp  
 JUN 1 2001  
 JAMES H. HARRIS  
 CITY CLERK  
 CITY OF LODI

CALIFORNIA FORM **460**

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 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
  - Primarily Formed
  - Controlled
  - Sponsored  
(Also Complete Part 5.)
- General Purpose Committee
  - Sponsored
  - Broad Based

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
982032

COMMITTEE NAME

COMMITTEE TO ELECT HARRY L. MARZOLF  
 STREET ADDRESS (NO P.O. BOX)

445 MADRONE CT  
 CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 333-7682  
 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

CAROLINE A MARZOLF  
 MAILING ADDRESS

445 MADRONE CT.  
 CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 333-7682  
 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**

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**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
HARRY L. MARZOLF  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CITY COUNCIL MEMBER  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
445 MADRONE CT, 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>COMMITTEE TO ELECT HARRY L. MARZOLF</u>	I.D. NUMBER <u>982032</u>
NAME OF TREASURER <u>CAROLINE MARZOLF</u>	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>445 MADRONE CT.</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>Lodi</u>	STATE <u>CA</u>
ZIP CODE <u>95242</u>	AREA CODE/PHONE <u>(209) 333-7682</u>

Attach continuation sheets if necessary

**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

**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 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

**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 Dec 24 2000  
DATE

Executed on Dec 24 2000  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Caroline A. Marzolf  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Harry L. Marzolf  
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

**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>DEC 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>982032</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HARRY L MARZOLF

**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 ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

**Expenditures Made**

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

**Current Cash Statement**

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

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

\* 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 .....	\$ _____	_____
21. Expenditures Made .....	\$ _____	_____

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ _____