COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp

RECEIVED

PM 2:51

SUSAN J. BLACKSTON
CITY CLERK
CITY OF LODI

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

Statement covers period
from 1-1-01
through 6-30-01

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

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)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 916-2479

COMMITTEE NAME: Lodi Firefighters PAC

STREET ADDRESS (NO P.O. BOX): 217 W Elm

CITY: Lodi STATE: CA ZIP CODE: 95240 AREA CODE/PHONE: 209 339 8701

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 1841

CITY: Lodi STATE: CA ZIP CODE: 95240 AREA CODE/PHONE: 209 339 8701

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Evan Luke

MAILING ADDRESS: ~~1900~~ PO Box 1841

CITY: Lodi STATE: CA ZIP CODE: 95240 AREA CODE/PHONE: 209 339 8701

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period
from 1-1-01
through 6-30-01

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Fire Fighters PAC

I.D. NUMBER: 96-2479

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*	$ 0	$	$
2. Loans Received	*Schedule B, Line 7*			
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0	$	$
4. Nonmonetary Contributions	*Schedule C, Line 3*			
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0	$	$

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1603.58
13. Cash Receipts	*Column A, Line 3 above*	0
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	0
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1603.58

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

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 1, Column (b)*	$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See Instructions on reverse*	$ —
19. Outstanding Debts	*Add Line 2 + Line 9 in Column C above*	$ —

* 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	$ —	—

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 7-30-01 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)