COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Jan 1, 2001
through June 30, 2001

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

Date Stamp
RECEIVED
2001 JUL -1 AM 9:06
JOHN J. BLACKSTOCK
CITY CLERK
CITY OF LODI

CALIFORNIA FORM 460

Page 1 of 2

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- [x] 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
- [x] 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: 981946

COMMITTEE NAME: COMMITTEE TO ELECT TAJ KHAN TO LODI LODI CITY COUNCIL

STREET ADDRESS (NO P.O. BOX): 1112 RIVERGATE DR.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209 368-5586

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: TARIQ DIN

MAILING ADDRESS: P.O. BOX 1712

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95241	209 483-8140

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

Page 2 of 2

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
TAJ M. KHAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1112 RIVERGATE DR.	LODI	CA	95240

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 7/31/01 (DATE) By Tariq Din (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 7/31/01 (DATE) By Taj M. Khan (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)

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 Jan 1, 2001
through June 30, 2001

Page 1 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ M. KHAN

I.D. NUMBER: 981946

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*	$	$ 8961.41	$ 8961.41
2. Loans Received	*Schedule B, Line 7*		—	—
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$	$ 8961.41	$ 8961.41
4. Nonmonetary Contributions	*Schedule C, Line 3*		698.00	698.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$	$ 9659.41	$ 9659.41

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$	$ 8961.41	$ 8961.41
7. Loans Made	*Schedule H, Line 7*			
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$	$ 8961.41	$ 8961.41
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*			
10. Nonmonetary Adjustment	*Schedule C, Line 3*		698.00	698.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$	$ 9659.41	$ 9659.41

Current Cash Statement

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

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

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

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	$	9659.41
21. Expenditures Made	$	9659.41

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from Jan 1, 2001
through June 30, 2001

Page 1 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ M. KHAN

I.D. NUMBER: 981946

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 3	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		☐ IND ☐ COM ☐ OTH		NONE	NONE	8961.41
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ —
2. Amount received this period – unitemized contributions of less than $100 ..... $ —
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ —

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

NAME OF FILER: TAJ M. KHAN

I.D. NUMBER: 981946

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	NOT APPLICABLE	☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				

SUBTOTAL $

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

Schedule B – Part 1
Loans Received

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAI KHAN

I.D. NUMBER: 981946

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: DUE DATE/ INTEREST RATE	LENDER INFORMATION: (a) AMOUNT OF LOAN	LENDER INFORMATION: CUMULATIVE TO DATE	GUARANTOR INFORMATION: (b) AMOUNT GUARANTEED	GUARANTOR INFORMATION: CUMULATIVE TO DATE
	NOT APPLICABLE ☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
				SUBTOTAL $			$	Enter (b) on Summary Page, Line 17 only.

Schedule B – Part 1 Summary

1. Loans of $100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... $ _____
2. Amount received this period – unitemized loans of less than $100 ..... $ _____
3. Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL $ _____

Schedule B – Part 2 Summary

4. 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.) ..... $ _____
5. 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. ..... $ _____
6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL $ _____
7. Net change this period. (**Subtract** Line 6 from Line 3.) Enter the net here and on the Summary Page, Column A, Line 2. ..... NET $ _____ May be a negative number.

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

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

SCHEDULE B - PART 1 (CONT.)

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

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: DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	GUARANTOR INFORMATION: (b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	NOT APPLICABLE ☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR $ OTHER $		CALENDAR YEAR $ OTHER $
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR $ OTHER $		CALENDAR YEAR OTHER $
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE		CALENDAR YEAR $ OTHER $		CALENDAR YEAR $ OTHER $
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR $ OTHER $		CALENDAR YEAR $ OTHER
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR OTHER		CALENDAR YEAR $ OTHER
				SUBTOTAL $			$	Enter (b) on Summary Page, Line 17 only.

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

Schedule B – Part 2
Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

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

Statement covers period from Jan 1, 2001 through June 30, 2001

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(c) AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID
		NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

TOTAL INTEREST PAID THIS PERIOD $

**IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.*

Enter the amount in column (d) in the Schedule E Summary, Line 3. Do not carry this total to the Schedule B Summary.

Schedule B – Part 3
Annual Report of Outstanding Loans Received

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL $

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from Jan 1, 2001
through June 30, 2001

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
TAJ KHAN

I.D. NUMBER
981946

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)
		☐ IND ☐ COM ☐ OTH		—	—	—	698.00
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 698.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ —
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ —
3. 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 $

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

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Jan 1, 2001
through June 30, 2001

SCHEDULE D
CALIFORNIA FORM 460

TAJ KHAN

I.D. NUMBER
981946

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	NOT APPLICABLE ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ _____ Other $ _____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ _____ Other $ _____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ _____ Other $ _____
				SUBTOTAL $	

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ _____
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ _____

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

SCHEDULE D (CONT.)
CALIFORNIA FORM 460

Page 1 of 1

NAME OF FILER
TAJ KHAN

I.D. NUMBER

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	NOT APPLICABLE ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ Other $
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year Other
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year Other $
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ Other $

SUBTOTAL $

SCHEDULE E

Schedule E
Payments Made

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
981946

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

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	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
NOT APPLICABLE				

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ —
2. Unitemized payments made this period of under $100 ..... $ —
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... $ —
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ —

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

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

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	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
NOT APPLICABLE			

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

SUBTOTAL $

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NOT APPLICABLE					
	SUBTOTALS $		$	$	$

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... INCURRED TOTALS $ _____
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... PAID TOTALS $ _____
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ _____ May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM **460**

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NOT APPLICABLE					
	SUBTOTALS $		$	$	$

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period from ~~June~~ Jan 1, 2001 through June 30, 2001

SCHEDULE G

CALIFORNIA FORM 460

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $

* *Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent*

Schedule H – Part 1
Loans Made to Others*

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
	NOT APPLICABLE			

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL $

Schedule H – Part 1 Summary

1. Loans of $100 or more made this period. (Include all Loans Made – Part 1 subtotals.) ..... $ _____
2. Unitemized loans under $100 made this period ..... $ _____
3. Total loans made this period. (Add Lines 1 and 2.) ..... TOTAL $ _____

Schedule H – Part 2 Summary

4. Payments received on loans of $100 or more. (Include all loan payments received and all loans of $100 or more forgiven by this committee – Part 2 (a) subtotals. If forgiven, *also* itemize on Schedule E.) ..... $ _____
5. Unitemized payments received on loans under $100. (Including a forgiveness.) ..... $ _____
6. Total loan payments received this period. (Add Lines 4 and 5.) ..... TOTAL $ _____
7. Net change this period. (**Subtract** Line 6 from Line 3. Enter the net here and on the Summary Page, Column A, Line 7.) ..... NET $ _____ May be a negative number

Schedule H – Part 2
Repayments on Loans Made to Others and Loans Forgiven

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

SCHEDULE H - PART 2

CALIFORNIA FORM 460

Statement covers period from Jan 1, 2001 through June 30, 2001

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	(a) AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	(b) INTEREST RECEIVED
		NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

TOTAL INTEREST RECEIVED THIS PERIOD $

** IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.*

Enter the amount in column (b) in the Schedule I Summary, Line 3. Do not carry this total to the Schedule H Summary.

Schedule H – Part 3
Annual Report of Outstanding Loans Made

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAJ KHAN

I.D. NUMBER
981946

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL $

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 7.

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from Jan 1, 2001
through June 30, 2001

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TAJ KHAN

I.D. NUMBER: 981946

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NOT APPLICABLE		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ _____
2. Unitemized increases to cash under $100 this period. ..... $ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) ..... $ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ _____