

Recipient Committee Campaign Statement

Type or print in ink.

(Government Code Section 91200-91210.5)

REVIEWED BY [Signature] Date 7-30-01 City Clerk/Dep. City Clerk

SEE INSTRUCTIONS ON REVERSE

Statement covers period from JANUARY 1, 2001 through JUNE 30, 2001

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

RECEIVED Date Stamp JUN 26 AM 8:59 SUSAN J. BLACKSTON CITY CLERK

CALIFORNIA FORM 460 Page 1 of 5 For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 6.)
General Purpose Committee
Sponsored
Broad Based

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 942177

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

STREET ADDRESS (NO P.O. BOX)

2584 FRONTIER LANE

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 368-6708

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POST OFFICE BOX 1446

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95241 (209) 368-6708

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

DAVID L DUNCAN, CPA

MAILING ADDRESS

1820 WEST KETTLEMAN LANE, SUITE A

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 339-0100

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

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

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 JULY 24, 2001
DATE

Executed on JULY 24, 2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By Dandy Su CPA
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Keith Land
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>JANUARY 1, 2001</u> through <u>JUNE 30, 2001</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER 942177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 25.00	\$ 0	\$ 25.00
2. Loans Received Schedule B, Line 7	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 25.00	\$ 0	\$ 25.00
4. Nonmonetary Contributions Schedule C, Line 3	0	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 25.00	\$ 0	\$ 25.00

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 28.00	\$ 0	\$ 28.00
7. Loans Made Schedule H, Line 7	0	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 28.00	\$ 0	\$ 28.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 28.00	\$ 0	\$ 28.00

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1,010.25
13. Cash Receipts Column A, Line 3 above	25.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	28.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,007.25

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	\$ 25.00	0
21. Expenditures Made	\$ 28.00	0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
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SCHEDULE A

Statement covers period from <u>JANUARY 1, 2001</u> through <u>JUNE 30, 2001</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
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COMMITTEE TO ELECT KEITH LAND

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized contributions of less than \$100 \$ 25.00
- Total monetary contributions received this period.**
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 25.00

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

**Schedule E
Payments Made**

Type or print in ink.
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COMMITTEE TO ELECT KEITH LAND

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

* 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.)	\$	<u>0</u>
2. Unitemized payments made this period of under \$100	\$	<u>28.00</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>28.00</u>