

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
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CALIFORNIA 460
 2001/02
 FORM
 Page 1 of 2
 For Official Use Only

Statement covers period
 from JUL 1, 2001
 through DEC 31, 2001

Date of election if applicable:
 (Month, Day, Year)
2002

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 981946

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Taj Khan to Lodi City Council

STREET ADDRESS (NO P.O. BOX)
1112 Rivergate Dr.

CITY LODI STATE CA ZIP CODE 95240 AREA CODE/PHONE 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
TARUQ DIN

MAILING ADDRESS
P.O. Box 1712

CITY LODI STATE CA ZIP CODE 95241 AREA CODE/PHONE 209 481 1399

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. 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 1/31/02
 Date

Executed on 1/31/02
 Date

Executed on _____
 Date

Executed on _____
 Date

By Tarug Din
 Signature of Treasurer or Assistant Treasurer

By Taj M. Khan
 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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 2 of 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
TAJ 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 statement that are controlled by you or are primarily formed to receive contributions or 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	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. 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
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7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE <u>TAJ KHAN</u>	OFFICE SOUGHT OR HELD <u>CITY COUNCIL MEMBER</u>	<input checked="" 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

Statement covers period from <u>JUL 1, 2001</u>	CALIFORNIA FORM 460
through <u>DEC 31, 2001</u>	
Page <u>1</u> of <u>1</u>	I.D. NUMBER <u>981946</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u> </u>	\$ <u> </u>
2. Loans Received Schedule B, Line 7	\$ <u> </u>	\$ <u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u> </u>	\$ <u> </u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u> </u>	\$ <u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u> </u>	\$ <u> </u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u> </u>	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>	\$ <u> </u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u> </u>	\$ <u> </u>
7. Loans Made Schedule H, Line 7	\$ <u> </u>	\$ <u> </u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u> </u>	\$ <u> </u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u> </u>	\$ <u> </u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u> </u>	\$ <u> </u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u> </u>	\$ <u> </u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

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

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u> </u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u> </u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.