COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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Date Stamp: RECEIVED 2004 OCT -5 PM 4:21 CITY CLERK CITY OF LODI

CALIFORNIA 2001/02 FORM 460

Page 1 of 33

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/04 through 9/30/04

Date of election if applicable: (Month, Day, Year) Nov. 2, 2004

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

- [x] Officeholder, Candidate Controlled Committee
  - (x) 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:

- [x] 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: 1267765

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to Elect Bob Johnson

STREET ADDRESS (NO P.O. BOX): 1311 Midvale Road

CITY: Lodi | STATE: CA | ZIP CODE: 95240 | AREA CODE/PHONE: 209-334-0370

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: Bruce Sasaki

MAILING ADDRESS: 1806 W. Kettleman Lane Suite G

CITY: Lodi | STATE: CA | ZIP CODE: 95242 | AREA CODE/PHONE: 209-369-3548

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 10/04/04 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/04/04 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 10/04/04 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 10/04/04 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Johnson

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1311 Midvale Road	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
N/A	
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

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

7. 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
N/A		
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

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 7/1/04 through 9/30/04

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Bob Johnson

I.D. NUMBER: 1267765

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 20768.90	$
2. Loans Received	*Schedule B, Line 3*	1500.00	1500.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 22268.90	$
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 22268.90	$

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	$	$ 20768.90
21. Expenditures Made	$	$ 8464.26

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 8464.26	$
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 8464.26	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 8464.26	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	22268.90
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	8464.26
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 13804.64

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 13804.64
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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 7/1/04
through 9/30/04

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
7/21	Sil Leonardini 14 N Fairmont Drive Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
7/21	Jerry Glen 318 W Pine Street Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Town & Country Properties	100		
7/21	John Borelli 9 N School Street Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Jeweler Borelli Jewelers	100		
7/25	Brad Dickey 801 S Ham Lane Lodi, CA 95242	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Bradford Dickey, DDS	1000		
7/22	Bill Dauer 225 Royal Oaks Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
			SUBTOTAL $	1800.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 15450.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 5318.90
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 20768.90

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
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7/24	Mike Lapenta 12 N School Street Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Tuxedos Tuxedos of Lodi	100		
7/30	Tom Shock 1137 Edgewood Drive Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Doctor Thomas Shock, DPM	100		
7/25	Ron Williamson 1723 Windjammer Lodi, CA 95242	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
7/28	Mike Locke 1000 W Pine Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clothier Christensens	100		
8/1	Trudy Glaves 825 Mariposa Road Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
			SUBTOTAL $	500.00		

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Monetary Contributions Received

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8/2	Phil Lee 793 Riviera Court Woodbridge, CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Contractor Ford Construction	100		
8/5	Jack Carter 2371 Hyde Park Circle Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/6	Len Thompson 21030 N Davis Road Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Farmer Thompson Vineyard	100		
8/6	Nick Felton 1001 W Pine Street Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/4	Gerry Schaffer 207 Royal Oaks Drive Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
			SUBTOTAL $	500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

CALIFORNIA FORM 460

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8/15	Persis Seiferling 2344 Cabrillo Circle Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/4	Jim Munro P.O. Box 864 Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Vice President Vic Meyer Sheet Metal	100		
8/6	Bob Holm 550 Willow Glen Drive Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/8	Stan Ward 2327 St Anton Drive Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Insurance Broker Gaddy Ward & Co.	100		
8/10	AM Stephens P.O. Box 1867 Lodi, CA 95241	☐IND ☒COM ☐OTH ☐PTY ☐SCC	Contractor AM Stephens Construction	250		
			SUBTOTAL $	650.00		

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8/2	Craig Norton 1925 Edgewood Court Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/9	Don Lindsay 616 N Pleasant Street Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Mortgage Broker Capital Mortgage	100		
8/15	Larry Albers 18001 Riverside Drive Cleveland, OH 44107	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/12	Jan Lorenzi 19193 Spyglass Woodbridge, CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Mortgage Broker Faria Flemmer Mortgage Company	100		
8/6	Marilyn Field 624 Palm Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200		
			SUBTOTAL $	600.00		

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8/11	Valley Management 315 W Pine Street Lodi, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Construction Manager	100		
8/21	Longmire & Co 301 S Ham Lane Lodi, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Mortgage Broker	100		
8/15	Ron Slate P.O. Box 1146 Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/20	Ken Gini 325 W Kettleman Lane Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Midas Muffler	100		
8/22	Dalton Bohnet 2303 Grenoble Street Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
			SUBTOTAL $	500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

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Committee to Elect Bob Johnson

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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
8/12	Kathy & Russ Munson 1530 Edgewood Drive Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Restaurant/ Hotel Owner Wine & Roses	500		
8/12	Dorean & Walt Rice P.O. Box 2501 Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Credit Bureau Manager CB Merchant Services	100		
8/6	Jack & Sheila Dunn 2232 Newbury Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/8	Bud Sullivan 1221 Lakewood Drive Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/12	Tom Alexander-California Concentrate 18678 Highway 88 Lockeford, CA 95237	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Juice Manufacturer	250		
			SUBTOTAL $	1050.00		

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8/17	Duncan Duncan P.O. Box 1066 Woodbridge, CA 95258	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Appraisers	100		
8/9	Ed & Barbara Craig 5401 E Harney Lane Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owners Woodbridge Gardens	100		
8/10	Kevin Van-Steenberg 1208 Devine Lodi, CA 95242	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Manufacturer Lodi Iron Works	100		
8/10	Bob Ballard 927 Daisy Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200		
8/12	Dave Akin 1151 Heidelberg Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Manufacturer Koch & Company	100		
			SUBTOTAL $	600.00		

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Schedule A (Continuation Sheet)
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8/14	Tim Bertsch P.O. Box 695 Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent Northwestern Mutual	100		
8/10	David Kirsten 1324 Midvale Road Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Kirsten Company	250		
8/11	Bob Asklof 1107 Lake Home Lodi, CA 95242	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Bob Asklof Realty	100		
8/9	Bud Merrill 2407 Central Park Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
8/12	Phil Lenser 11 Ramblewood Drive Woodbridge, CA 95258	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Stockbroker Edward Jones	100		
			SUBTOTAL $	650.00		

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Schedule A (Continuation Sheet)
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SCHEDULE A (CONT.)

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from 7/1/04
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8/10	Mike Crete 2884 Woodbridge Road Acampo, CA	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Private Investor	250		
8/12	Bill & Marge Sandeen 410 S Mills Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250		
8/30	Jack Alquist 19363 Wilderness Woodbridge, CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Guild Cleaners	100		
8/25	Bob Mullen 10 S Avena Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/20	Mike Soloman P.O. Box 2648 Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Telecommunications Maxcom	150		
			SUBTOTAL $	850.00		

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1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
8/23	Dan Anderson 1500 Edgewood Drive Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Investor	100		
8/20	Jack Ronsko 1242 Devine Drive Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
8/20	Ted Katzakian P.O. Box 617 Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Builder Ted Katzakian Co Inc	100		
8/16	Brad Alderson 5155 Woodbridge Acampo, CA	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Winery Executive Robert Mondavi Winery	100		
8/16	Harry Shumacher 1165 Green Oaks Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
			SUBTOTAL $	500.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
8/25	Joellen Flemmer 13257 Riverview Lockeford, CA	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mortgage Broker Faria Flemmer Mortgage Company	100		
8/13	Jeff Metz 301 S Ham Lane Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Metz Insurance	100		
8/23	Les Brooks 219 S Avena Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor	100		
8/30	Kirsten Co P.O. Box 2607 Lodi, CA95240	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	Commodity Broker	250		
8/27	Doors Plus 314 N Main Lodi, CA 95240	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	Door Maker	100		
			SUBTOTAL $	650.00		

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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 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
9/12	Carol Kirst 109 River Meadows Woodbridge, CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Student	100		
8/26	Ken Lamb 2133 Jayhawk Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Manufacturer Holz Rubber	100		
9/1	Rich Thomas 19996 N Highway 99 Acampo, CA	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Engineer Baumbach and Piazza	100		
9/2	Jeff Kirst P.O. Box 1259 Woodbridge, CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Tokay Realty	100		
9/2	Meehleis Modular 1303 E Lodi Avenue Lodi, CA 95242	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Modular Buildings	2000		
			SUBTOTAL $	2400.00		

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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 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
9/5	Kishida Trucking 1725 Ackerman Drive Lodi, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Trucking	250		
9/5	Larry Simpfenderfer 223 River Oaks Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Eye Doctor Larry Simpfenderfer, OD	100		
9/10	Alricks Steel 505 N Sacramento Lodi, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Steel Manufacturer	300		
9/9	Lodi Gas Storage P.O. Box 230 Acampo, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Gas Storage	500		
9/7	Jim Elson 1808 Edgewood Drive Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Insurance Agent Mid-Central Valley Insurance Producers, Inc.	100		
			SUBTOTAL $	1250.00		

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OTH – Other
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

I.D. NUMBER
1267765

NAME OF FILER
Committee to Elect Bob Johnson

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
9/2	Dave Williams 1100 Interlaken Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Dave Williams and Associates	100		
9/7	Joe Handel 1133 Chateau Court Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Investor	100		
9/5	Keith Land 2584 Frontier Lodi, CA 95240	☐IND ☒COM ☐OTH ☐PTY ☐SCC	Comm to Elect K. Land 2584 Frontier Lodi, CA 95240 ID# 942177	250		
9/16	Dave & Earline Lund P.O. Box 605 Woodbridge, CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Investor	100		
9/9	Jerry Hemminger 619 Willow Glen Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
			SUBTOTAL $	650.00		

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OTH – Other
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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 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
9/11	Tom & Carol Reichmuth 1358 Midvale Road Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Steel Sales Lodi Iron Works	100		
9/9	Dan Phelps 1170 Green Oaks Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	CPA Bowman & Co.	250		
9/14	Cathy Keil 115 S School Street Lodi, CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Farmer Round Valley Ranch	100		
9/8	Chris Olson 1803 Reisling Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Financial Planner American Express	100		
9/17	Carl Fink 540 S Mills Avenue Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Druggist Lakewood Drugs	250		
			SUBTOTAL $	800.00		

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OTH – Other
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SCC – Small Contributor Committee

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 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
9/13	Jeanne Rennell P.O. Box 211 Ojai, CA 93023	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250		
9/23	Bob Hunnell 115 N Orange Avenue Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
9/14	Touch of Mesquite 440 E Kettleman Lane Lodi, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Caterer	100		
9/22	Vino Farms 1377 E Lodi Avenue Lodi, CA 95240	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Grower	250		
9/15	General Mills 2000 W Turner Road Lodi, CA 95242	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Cereal Maker	500		
			SUBTOTAL $	1200.00		

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OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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 7/1/04
through 9/30/04

CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
9/19	Joe Harrington 2017 Cochran Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Hospital Administrator Lodi Memorial Hospital	100		
9/15	Cliff Travis 904 W Lodi Ave Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Caterer Travis Cafe & Catering	100		
9/21	Keith Ledbetter 902 Laver Court Lodi, CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	300.00		

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Schedule B – Part 1
Loans Received

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Bob Johnson

I.D. NUMBER: 1267765

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Johnson 1311 Midvale Road Lodi, CA 95240 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Appraisal Bob Johnson Real Estate Appraisals	$	$ 1500.00	☐ PAID $ ☐ FORGIVEN $	$ 1500.00 N/A DATE DUE	N/A % RATE $ N/A	$ 1500.00 7/21/04 DATE INCURRED	CALENDAR YEAR $ 1500.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$ 1500.00	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 1500.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 1500.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule B – Part 2
Loan Guarantors

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER DATE		CALENDAR YEAR $ PER ELECTION (IF REQUIRED) $	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER DATE		CALENDAR YEAR $ PER ELECTION (IF REQUIRED) $	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER DATE		CALENDAR YEAR $ PER ELECTION (IF REQUIRED) $	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER DATE		CALENDAR YEAR $ PER ELECTION (IF REQUIRED) $	
				SUBTOTAL $	Enter on Summary Page, Line 17 only.	

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 7/1/04
through 9/30/04

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Bob Johnson

I.D. NUMBER: 1267765

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

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 (other than PTY or SCC)
OTH – Other
PTY – Political Party
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Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period
from 7/1/04
through 9/30/04

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Bob Johnson

I.D. NUMBER: 1267765

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				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.

SCHEDULE D (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 7/1/04
through 9/30/04

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $		

Schedule E
Payments Made

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 120 S. School Street Lodi, CA 95240	POS	Postage	222.00
City of Lodi 221 W. Pine Street Lodi, CA 95240	FIL		1,395.00
Associated Posters P.O. Box 255 Winston-Salem, NC 27102	CMP	Posters	536.00

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

SUBTOTAL $ 2,153.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 8,272.53
2. Unitemized payments made this period of under $100 ..... $ 191.73
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 8,464.26

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Bob Johnson

I.D. NUMBER: 1267765

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi News Sentinel P.O. Box 1360 Lodi, CA 95241	PRT		2,000.00
Coloring Book 330 W. Lodi Avenue Lodi, CA 95240	CMP	Signs	1,724.00
Coloring Book 330 W. Lodi Avenue Lodi, CA 95240	LIT	Brochures	1,995.53
Lodi Stadium 12 Cinemas 109 N. School Street Lodi, CA 95240		Advertising	400.00

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

SUBTOTAL $ 6,119.53

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	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 7/1/04
through 9/30/04

CALIFORNIA FORM **460**

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

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

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

SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 9/30/04

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

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

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 contractor as reported on Schedule E.*

Schedule H
Loans Made to Others*

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Bob Johnson

I.D. NUMBER

1267765

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	$	$	$	$ (Enter (e) on Schedule I, Line 3)		

Schedule H Summary

1. Loans made this period ..... $ _____
   (Total Column (b) plus unitemized loans less than $100.)
2. Payments received on loans ..... $ _____
   (Total Column (c) plus unitemized payments less than $100.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ _____ (May be a negative number)
   (Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

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, Column (e).) ..... $ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ _____