

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

| | | |
|--|---|-----------------------|
| Date Stamp RECEIVED JAN 26 2005 City Clerk City of Lodi | CALIFORNIA 2001/02 FORM | 460 |
| | Page <u>1</u> of <u>8</u> | For Official Use Only |

| | |
|--|---|
| Statement covers period from <u>10/17/2004</u> through <u>12/15/2004</u> | Date of election if applicable: (Month, Day, Year) <u>N/A</u> |
|--|---|

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

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input checked="" type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input checked="" type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall <i>(Also Complete Part 5.)</i> | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> General Purpose Committee | <input checked="" type="checkbox"/> Sponsored <i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7.)</i> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1270860

COMMITTEE NAME
Yes on R. Local Businesses, Grocers and Community
Leaders for Fair Competition

STREET ADDRESS (NO P.O. BOX)
1040 W. Kettleman Lane, #205

| | | | |
|-------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lodi</u> | <u>CA</u> | <u>95240</u> | <u>(209) 957-4917</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
555 Capitol Mall, Suite 1425

| | | | |
|-------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 442-2952</u> |

OPTIONAL: FAX/E-MAIL ADDRESS
(209) 957-8602

Treasurer(s)

NAME OF TREASURER
Jodi Meier

MAILING ADDRESS
1040 W. Kettleman Lane, #205

| | | | |
|-------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lodi</u> | <u>CA</u> | <u>95240</u> | <u>(209) 957-4917</u> |

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 JAN 12 2005

By Jodi Meier
Signature of Treasurer or Assistant Treasurer

Executed on JAN 12 2005

By Jodi Meier
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Executed on _____

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

Related Committees Not Included in this Statement: *List any committees not included in this 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?
 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

Large Scale Retail Initiative

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input checked="" type="checkbox"/> SUPPORT |
| R | City, Lodi | <input type="checkbox"/> 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 | <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 checked="" 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**

SUMMARY PAGE

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/17/2004 | |
| through | 12/15/2004 | Page <u>3</u> of <u>8</u> |
| NAME OF FILER | | I.D. NUMBER |
| Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition | | 1270860 |

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$ 100.00 | \$ 160,100.00 |
| 2. Loans Received <i>Schedule B, Line 7</i> | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ 100.00 | \$ 160,100.00 |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | 0.00 | 2,890.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ 100.00 | \$ 162,990.00 |

**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 | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A | Column B |
|--|--------------|---------------|
| 6. Expenditures Made <i>Schedule E, Line 4</i> | \$ 61,818.53 | \$ 164,375.43 |
| 7. Loans Made <i>Schedule H, Line 7</i> | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$ 61,818.53 | \$ 164,375.43 |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | -14,500.00 | 0.00 |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | 0.00 | 2,890.00 |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ 47,318.53 | \$ 167,265.43 |

**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 |
|--------------------------------|---------------|
| / / | \$ _____ |
| / / | \$ _____ |
| / / | \$ _____ |
| / / | \$ _____ |
| / / | \$ _____ |
| / / | \$ _____ |

Current Cash Statement

| | |
|--|--------------|
| 12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i> | \$ 57,443.10 |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | 100.00 |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | 4,275.43 |
| 15. Cash Payments <i>Column A, Line 8 above</i> | 61,818.53 |
| 16. ENDING CASH BALANCE ... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i> | \$ 0.00 |
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$ 0.00 |

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).

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

Cash Equivalents and Outstanding Debts

| | |
|--|---------|
| 18. Cash Equivalents | \$ 0.00 |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i> | \$ 0.00 |

**Schedule A
Monetary Contributions Received**

SCHEDULE A

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/17/2004 | |
| through | 12/15/2004 | Page <u>4</u> of <u>8</u> |

| | |
|--|-------------------------------|
| NAME OF FILER Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition | I.D. NUMBER 1270860 |
|--|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/02/2004 | 1371 Building - Ted A. & Colleen Molfino 1701 Edgewood Drive Lodi, CA 95240 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 100.00

Schedule A Summary

| | |
|---|------------------------|
| 1. Amount received this period — contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ 100.00 |
| 2. Amount received this period — unitemized contributions of less than \$100 | \$ 0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ 100.00 |

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

**Schedule E
Payments Made**

SCHEDULE E

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/17/2004 | |
| through | 12/15/2004 | Page <u>5</u> of <u>8</u> |

| | |
|---|------------------------|
| NAME OF FILER Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition | I.D. NUMBER 1270860 |
|---|------------------------|

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 |
|---|---------|------------------------|-------------|
| David Binder Research 44 Page Street, Suite 404 San Francisco, CA 94102 | POL | | 9,500.00 |
| Food 4 Less 8014 Lower Sacramento Road, Suite 1 Stockton, CA 95210 | RFD | | 31,920.42 |
| Internal Revenue Service Payment Processing Ogden, UT 84201 | OFC | | 500.00 |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 41,920.42**

Schedule E Summary

| | |
|--|---------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 61,793.53 |
| 2. Unitemized payments made this period of under \$100 | \$ 25.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 2, Column (d).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 61,818.53 |

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Statement covers period
from 10/17/2004
through 12/15/2004

CALIFORNIA FORM 460
Page 6 of 8

NAME OF FILER: Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition
I.D. NUMBER: 1270860

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|---------------------------|-------------|
| Media Storm Productions 725 Ward Street Martinez, CA 94553 | TEL | | 500.00 |
| Olson, Hagel & Fishburn LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | PRO | | 9,648.11 |
| Totten Communications, Inc. 312 Montgomery Street Alexandria, VA 22314 | TEL | | 975.00 |
| Lisa Tucker 25A Crescent Drive, #102 Pleasant Hill, CA 94523 | CNS | | 8,750.00 |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 19,873.11

**Schedule F
Accrued Expenses (Unpaid Bills)**

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/17/2004 | |
| through | 12/15/2004 | Page <u>7</u> of <u>8</u> |
| NAME OF FILER | | I.D. NUMBER |
| Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition | | 1270860 |

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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| David Binder Research 44 Page Street, Suite 404 San Francisco, CA 94102 | POL | 9,500.00 | 0.00 | 9,500.00 | 0.00 |
| Lisa Tucker 25A Crescent Drive, #102 Pleasant Hill, CA 94523 | CNS | 5,000.00 | 0.00 | 5,000.00 | 0.00 |
| | | | | | |

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

SUBTOTAL \$ 14,500.00 \$ 0.00 \$ 14,500.00 \$ 0.00

Schedule F Summary

- 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 \$ 0.00**
- 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 \$ 14,500.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -14,500.00**

**Schedule I
Miscellaneous Increases to Cash**

SCHEDULE I

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/17/2004 | |
| through | 12/15/2004 | Page <u>8</u> of <u>8</u> |

| | |
|---|------------------------|
| NAME OF FILER Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition | I.D. NUMBER 1270860 |
|---|------------------------|

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|--|------------------------|----------------------------|
| 10/28/2004 | Campaign Communication Solutions, Inc. dba Stones' Phones 3675 South Rainbow Blvd., Ste. 107-548 Las Vegas, NV 89103 | Refund | 659.98 |
| 11/03/2004 | | Refund | 3,244.45 |
| 11/19/2004 | Storefront Political Media 250 Sutter Street, Suite 650 San Francisco, CA 94108 | Refund | 371.00 |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,275.43

Schedule I Summary

| | |
|---|--------------------------|
| 1. Increases to cash of \$100 or more this period. | \$ 4,275.43 |
| 2. Increases to cash under \$100 this period. (Do not itemize.)..... | \$ 0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ 0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ 4,275.43 |