

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |   |
|---|---|
| Date Stamp<br><b>RECEIVED</b><br>005 JAN 31 AM 9:57<br>CITY CLERK<br>CITY OF LODI | <b>CALIFORNIA</b><br>2001/02<br><b>FORM</b><br><b>460</b> |
| Page <u>1</u> of _____  |   |
| For Official Use Only   |   |

|   |  |
|---|--|
| Statement covers period<br>from <u>Oct 17, 2004</u><br>through <u>December 31, 2004</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|---|--|

SEE INSTRUCTIONS ON REVERSE

**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<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Controlled   |
|  | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input type="checkbox"/> General Purpose Committee                       | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored                                       |   |
| <input type="checkbox"/> Small Contributor Committee                     |   |
| <input type="checkbox"/> Political Party/Central Committee               |   |

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1267445

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lodi Citizens for Public Facilities

STREET ADDRESS (NO P.O. BOX)

106 So Orange Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 (209)

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

Cindy Griffin

MAILING ADDRESS

787 Palm Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240

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 January 30 2005  
Date

By Cindy Griffin  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
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

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

Type or print in ink.

COVER PAGE - PART 2

|                              |            |
|------------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b>   | <b>460</b> |
| Page <u>2</u> of <u>    </u> |            |

**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?<br><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?<br><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  
*Lodi Citizens For Public Facilities*

|  |                             |  |
|--|-----------------------------|--|
| BALLOT NO. OR LETTER<br><i>Not yet Qualified</i> | JURISDICTION<br><i>Lodi</i> | <input checked="" type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>October 17, 2004</u><br>through <u>December 31, 2004</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>    </u>  | I.D. NUMBER<br><u>1267445</u>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>1,740.00</u>   | \$ <u>6,704.99</u>                         |
| 2. Loans Received ..... Schedule B, Line 7            |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>1,740.00</u>   | \$ <u>6,704.99</u>                         |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>1,740.00</u>   | \$ <u>6,704.99</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 | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>4,119.64</u>   | \$ <u>6,619.52</u>                         |
| 7. Loans Made ..... Schedule H, Line 7                      |  |  |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>4,119.64</u>   | \$ <u>6,619.52</u>                         |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 |  |  |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         |  |  |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>4,119.64</u>   | \$ <u>6,619.52</u>                         |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>2,425.11</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>1,740.00</u>    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                |                    |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>4,119.64</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>45.47</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).

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

**Cash Equivalents and Outstanding Debts**

|   |          |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2             | \$ _____ |
| 18. Cash Equivalents ..... See instructions on reverse            | \$ _____ |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>Oct 17 2004</u><br>through <u>Dec 31, 2004</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>7</u> of _____  | I.D. NUMBER<br><u>1267445</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lodi Citizens for Public Facilities

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 11/5/04            | David M. Vaccarezza<br>999 L. Turner Rd<br>Victor CA 95253                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Waste removal  | \$ 250 <sup>00</sup>        | \$ 250 <sup>00</sup>                                |                                    |
| 11/15/04           | Debbie Nishizeki<br>19282 Benedict Dr.<br>Woodbridge CA 95258                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | School Teacher<br>Lodi Unified   | \$ 100 <sup>00</sup>        | \$ 100 <sup>00</sup>                                |                                    |
| 11/17/04           | Tolco Development, INC<br>P.O. Box 1259<br>Woodbridge CA 95258                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Building Company   | \$ 100 <sup>-</sup>         | \$ 100 <sup>-</sup>                                 |                                    |
| 11/19/04           | America Transit Mix Company, INC<br>318 Beard Ave<br>Modesto CA 95354                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Concrete Company   | \$ 500 <sup>-</sup>         | \$ 500 <sup>-</sup>                                 |                                    |
| 11/30/04           | Janet Husdon<br>477 River meadow Dr<br>Woodbridge CA 95258-9312                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | House wife   | \$ 200 <sup>00</sup>        | \$ 200 <sup>00</sup>                                |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <u>1150</u>                 |   |                                    |

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1150<sup>00</sup>
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 590<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1740<sup>00</sup>

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

**Schedule B - Part 1  
Loans Received**

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

Statement covers period  
from 10/17/04  
through 12/31/04

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267448

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                       |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------|---|
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS \$</b>  |   |  |                                    |  |  | \$                               | \$                              | \$  |

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

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

\*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 10/17/04  
through 12/31/04

**CALIFORNIA  
FORM 460**

Page 6 of     

I.D. NUMBER

1267445

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Citizens for Public Facilities

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN                        | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE   | BALANCE OUTSTANDING TO DATE |
|---|---|---|-----------------------------|-------------------------------|--|-----------------------------|
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>_____<br>DATE |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION<br>(IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | LENDER<br><br>_____<br>DATE |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION<br>(IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | LENDER<br><br>_____<br>DATE |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION<br>(IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | LENDER<br><br>_____<br>DATE |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION<br>(IF REQUIRED)<br>\$ _____ |                             |

**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

Statement covers period  
from 10/17/04  
through 12/31/04

**CALIFORNIA  
FORM 460**

Page 7 of     

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Lodi Citizens for Public Facilities*

I.D. NUMBER  
1267445

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |

**SUBTOTAL \$**

Attach additional information on appropriately labeled continuation sheets.

**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  
 SCC – Small Contributor Committee

**Schedule D  
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 10/17/04  
through 12/31/04

SCHEDULED

**CALIFORNIA FORM 460**

Page 8 of \_\_\_\_\_

I.D. NUMBER  
1267445

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lod. Action In Public Facilities

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**Schedule D Summary**

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

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |                                    |
|--|------------------------------------|
| Statement covers period<br>from <u>Oct 17 2004</u><br>through <u>Dec 31 2004</u> | <b>CALIFORNIA<br/>FORM<br/>460</b> |
| Page <u>9</u> of _____   | I.D. NUMBER<br><u>1267445</u>      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lod. Citizens For Public Facilities

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                   | CODE OR    | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|------------|------------------------|-----------------|
| <u>Dev. Dad &amp; Krueger LLP<br/>2750 University Ave<br/>Riverside CA 92502-1028</u> | <u>PRO</u> | <u>Legal Fees</u>      | <u>\$ 1,000</u> |
| <u>Dev. Dad &amp; Krueger LLP<br/>2750 University Ave<br/>Riverside CA 92502-1028</u> | <u>PRO</u> | <u>Legal Fees</u>      | <u>\$ 1,000</u> |
| <u>Dev. Dad &amp; Krueger LLP<br/>2750 University Ave<br/>Riverside CA 92502-1028</u> | <u>PRO</u> | <u>Legal Fees</u>      | <u>\$ 1,500</u> |

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

**SUBTOTAL \$** 3,500.00

**Schedule E Summary**

|  |                                 |
|--|---------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ <u>3,940.71</u>              |
| 2. Unitemized payments made this period of under \$100   | \$ <u>178.93</u>                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <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.) | <b>TOTAL \$</b> <u>4,119.64</u> |

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

SCHEDULE E (CONT.)

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

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>Oct 17, 2007</u><br>through <u>Dec 31, 2007</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>10</u> of <u>    </u>  |
|  | I.D. NUMBER<br><u>1267445</u>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Local Citizens for Public Facilities

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                    | CODE OR    | DESCRIPTION OF PAYMENT | AMOUNT PAID   |
|--|------------|------------------------|---------------|
| <u>Best Best &amp; Krueger LLP<br/>3750 University Ave<br/>Riverside CA 92502-1028</u> | <u>PRO</u> | <u>Legal Fees</u>      | <u>440.71</u> |
|  |            |                        |               |
|  |            |                        |               |
|  |            |                        |               |
|  |            |                        |               |
|  |            |                        |               |
|  |            |                        |               |

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

**SUBTOTAL \$** 440.71