COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from JANUARY 1, 2005 through JUNE 30, 2005

Date of election if applicable: (Month, Day, Year) NOVEMBER 5, 2002

Date Stamp: RECEIVED JUL 26 2005 City Clerk City of Lodi

CALIFORNIA 2001/02 FORM 460

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For Official Use Only

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

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

## 2. Type of Statement:

- [ ] Preelection Statement
- [x] 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: 1244696

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

STREET ADDRESS (NO P.O. BOX): 1536 BURGUNDY DRIVE

CITY: LODI STATE: CA ZIP CODE: 95242 AREA CODE/PHONE: 209-327-5363

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: SAMUEL TOLSON

MAILING ADDRESS: 431-B SOUTH HAM LANE

CITY: LODI STATE: CA ZIP CODE: 95242 AREA CODE/PHONE: 209-334-1065

NAME OF ASSISTANT TREASURER, IF ANY: ROMANA ZAMORA

MAILING ADDRESS: 431-B SOUTH HAM LANE

CITY: LODI STATE: CA ZIP CODE: 95242 AREA CODE/PHONE: 209-334-1065

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 JULY 21, 2005 (Date) By _____ (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

CALIFORNIA FORM **460**



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JOHN BECKMAN

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

LODI CITY COUNCIL

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| 1536 BURGUNDY DRIVE | LODI | CA | 95242 |

**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 |
|---|---|
| JOHN BECKMAN FOR SUPERVISOR COMMITTEE | PENDING |
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| SAMUEL TOLSON | ☒ YES ☐ NO |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

1536 BURGUNDY DRIVE

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| LODI | CA | 95242 | 209-327-5363 |

| 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

| 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 |
| 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 January 1, 2005 through June 30, 2005

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER: 1244696

## Contributions Received

| | | Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 0.00 | $ 0.00 |
| 2. Loans Received | *Schedule B, Line 3* | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 0.00 | $ 0.00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 0.00 | $ 0.00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 217.52 | $ 217.52 |
| 7. Loans Made | *Schedule H, Line 3* | | |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 217.52 | $ 217.52 |
| 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* | $ 217.52 | $ 217.52 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 420.12 |
| 13. Cash Receipts | *Column A, Line 3 above* | 0.00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | |
| 15. Cash Payments | *Column A, Line 8 above* | 217.52 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 202.60 |

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

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $

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).

## 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 | $ | $ |

## 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.

# 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 January 1, 2005
through June 30, 2005



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER
1244696

| 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) |
|---|---|---|---|---|---|---|
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | | | SUBTOTAL $ | | |

## Schedule A Summary

1. Amount received this period – contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ NONE
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ NONE

*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

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

Statement covers period
from January 1, 2005
through June 30, 2005

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER: 1244696

**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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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

**SUBTOTAL $**

## Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 0.00
2. Unitemized payments made this period of under $100 ..... $ 217.52
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 217.52