COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp: RECEIVED JUL 28 AM 11:32 CITY OF LODI

CALIFORNIA 2001/02 FORM 460

Page 1 of 17

For Official Use Only

Statement covers period from Jan 01, 06 through June 30 06

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

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

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

## 2. Type of Statement:

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

## 3. Committee Information

I.D. NUMBER: 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: Lodi STATE: Ca ZIP CODE: 95240 AREA CODE/PHONE: (209) 369-1451

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: 783 Palm Ave

CITY: Lodi STATE: Ca ZIP CODE: 95240 AREA CODE/PHONE: (209) 368-8475

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY STATE ZIP CODE AREA CODE/PHONE

(209) 367-4654 fax johnlodi@aol.com

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 _____ Date — By _____ Signature of Treasurer or Assistant Treasurer

Executed on 7/28/06 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

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: Lodi Citizens for Public Facilities

| BALLOT NO. OR LETTER | JURISDICTION | |
|---|---|---|
| G | Lodi | ☒ 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

Statement covers period
from Jan 1, 2001
through Jun 30, 2001

CALIFORNIA FORM 460

Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267445

## Contributions Received

| | | Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 1,400.00 | $ 1,400 |
| 2. Loans Received | Schedule B, Line 7 | 0 | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 1,400.00 | $ 1,400 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 1,400.00 | $ 1,400.00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 579.18 | $ 579.18 |
| 7. Loans Made | Schedule H, Line 7 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 579.18 | $ 579.18 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 579.18 | $ 579.18 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 636.47 |
| 13. Cash Receipts | Column A, Line 3 above | 1400.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments | Column A, Line 8 above | 579.18 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 1,457.29 |

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

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

## Cash Equivalents and Outstanding Debts

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

## 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 Jan 1, 2006
through Jun 30, 2006

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| 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) |
|---|---|---|---|---|---|---|
| 06/08/06 | A.J. Macdonald<br>Envelope Products<br>P.O. Box 5147<br>Walnut Creek CA 94596 | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Alex Macdonald<br>Owner<br>Envelope Products | $ 250.00 | $ 250.00 | |
| 5/23/06 | Ellis Co Wash<br>820 South Cherokee Lane<br>Lodi CA 95240-4336 | ☐ IND<br>☐ COM<br>☒ OTH<br>☐ PTY<br>☐ SCC | | $ 250.00 | $ 250.00 | |
| 06/01/06 | Sacramento Cooling Systems INC<br>dba L+H Airco/Sacramento<br>4776 Lead Hill Blvd, Suite 100<br>Roseville CA 95661 | ☐ IND<br>☐ COM<br>☒ OTH<br>☐ PTY<br>☐ SCC | | $ 500.00 | $ 500.00 | |
| 5/24/06 | R+S Erection of Stockton INC<br>1705 East Charter Way Unit 4<br>Stockton CA 95205 | ☐ IND<br>☐ COM<br>☒ OTH<br>☐ PTY<br>☐ SCC | | $ 100.00 | $ 100.00 | |
| 5/30/06 | California Glass Co - Lodi<br>201 E Kettleman Lane<br>Lodi CA 95240 | ☐ IND<br>☐ COM<br>☒ OTH<br>☐ PTY<br>☐ SCC | | $ 100.00 | $ 100.00 | |

**SUBTOTAL $** 1,200.00

## Schedule A Summary

1. Amount received this period – *contributions of $100 or more.* (Include all Schedule A subtotals.) ..... $ 1,300.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 100.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 1,400.00

*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.

SCHEDULE A (CONT.)

Statement covers period
from Jan 1 2006
through June 30, 2006

CALIFORNIA FORM 460



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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 5/15/06 | Diede Construction, Inc<br>P.O. Box 1007<br>Woodbridge CA 95258-1007 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | $100.00 | $100.00 | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | | SUBTOTAL $ | $100.00 | | |

*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 Jan 1 2001
through June 30, 2001

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1286745

| 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 |
|---|---|---|---|---|---|---|---|---|
| †☐ 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 ** $ |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $ ☐ FORGIVEN $ | $ DATE DUE | % RATE $ | $ DATE INCURRED | CALENDAR YEAR $ PER ELECTION ** $ |
| | | SUBTOTALS $ | | $ | $ | $ (Enter (e) on Schedule E, Line 3) | | |

## Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (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 $ 0 (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 Jan 1 2006
through June 30, 2006

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267445

| 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<br>DATE | | CALENDAR YEAR $<br>PER ELECTION (IF REQUIRED) $ | |
| | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR $<br>PER ELECTION (IF REQUIRED) $ | |
| | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR $<br>PER ELECTION (IF REQUIRED) $ | |
| | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR $<br>PER ELECTION (IF REQUIRED) $ | |

SUBTOTAL $ Ø

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 Jan 1, 2006
through Jan 30, 2006



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1017745

| 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 $** 0

## Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 0
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
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 $** 0

*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.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period
from Jan 1 2006
through June 30, 2006



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267445

| 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 $ Ø | | |

## Schedule D Summary

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

# 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 Jan 1 2006
through Jan 30, 2006



NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267445

| 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<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |

SUBTOTAL $ 0

# Schedule E
# Payments Made

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

Statement covers period
from Jan 1 2006
through Jun 30 2006

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267745

**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 |
|---|---|---|---|
| Pre-Sort Center<br>2806 Coronado Ave<br>Stockton CA 95204-2214 | POS | | 579.18 |
| | | | |
| | | | |

* 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.) ..... $ 579.18
2. Unitemized payments made this period of under $100 ..... $ 0
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 $ 579.18

# Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from Jan 1 2001
through June 30 2001

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER

**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 $ 0

# Schedule F
# Accrued Expenses (Unpaid Bills)

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

Statement covers period
from Jan 1 2001
through June 30, 2001

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267445

**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 $** Ø
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 $** Ø
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 $** Ø
   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 Jan 1 2006
through June 30, 2006

CALIFORNIA FORM 460



NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267448

**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 $** | | $ | $ | $ 0 |

# 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 Jan 1 2001
through June 30 2001



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Local Citizens for Public Facilities

I.D. NUMBER: 1267445

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* $** 0

** 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 Jan 1 2001
through June 30 2001

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Local Citizens for Public Facilities

I.D. NUMBER

| 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 ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Payments received on loans ..... $ 0
   (Total Column (c) plus unitemized payments less than $100.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0 (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 Jan 1 2001
through June 30 2001

SCHEDULE I
CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lodi Citizens for Public Facilities

I.D. NUMBER: 1267745

| 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. ..... $ Ø
2. Unitemized increases to cash under $100 this period. ..... $ Ø
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ Ø
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ Ø