

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

|  |                            |
|--|----------------------------|
| Date Stamp<br><b>RECEIVED</b><br>2007 JAN 16 PM 3:04<br>CITY CLERK<br>CITY OF LODI | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>1</u> of <u>15</u> |
|  | For Official Use Only      |

|   |   |
|---|---|
| Statement covers period<br>from <u>10-1-06</u><br>through <u>10-21-06</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11-7-06</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

### 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
- Primarily Formed Ballot Measure Committee
  - 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 (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

changed cumulative amounts

### 3. Committee Information

ID NUMBER  
1269681

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

Committee to Elect Roger Khan

STREET ADDRESS (NO P.O. BOX)

518 S. Central Avenue #B

|             |           |              |                     |
|-------------|-----------|--------------|---------------------|
| CITY        | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Lodi</u> | <u>CA</u> | <u>95240</u> | <u>209-570-5468</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL FAX / E-MAIL ADDRESS

209-334-0903/rogerkhan@mypcmail.com

### Treasurer(s)

NAME OF TREASURER

Roger Khan

MAILING ADDRESS

PO Box 904

|             |           |              |                     |
|-------------|-----------|--------------|---------------------|
| CITY        | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Lodi</u> | <u>CA</u> | <u>95241</u> | <u>209-570-5468</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Nasim Khan

MAILING ADDRESS

PO Box 904

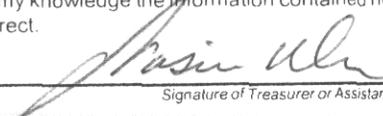
|             |           |              |                     |
|-------------|-----------|--------------|---------------------|
| CITY        | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Lodi</u> | <u>CA</u> | <u>95241</u> | <u>209-327-6958</u> |

OPTIONAL FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-26-06  
Date

By   
Signature of Treasurer or Assistant Treasurer

Executed on 10-26-06  
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Roger Khan
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Lodi City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: PO Box 904 Lodi CA 95241

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.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS (NO P.O. BOX), CITY, STATE, ZIP CODE, AREA CODE/PHONE. Includes two identical rows for reporting committees.

6. Primarily Formed 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 PROONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT OPPOSE. Includes four rows for reporting candidates.

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 10-1-06<br>through 10-21-06 | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page 3 of 15                   |
|   | I.D. NUMBER<br>1269681         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Roger Khan

**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    | \$ 125   | \$ 6225                                    |
| 2. Loans Received ..... Schedule B, Line 3            | 0  | 1225                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 125   | \$ 7450                                    |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0  | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 125   | \$ 7450                                    |

**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 | \$ 0             | \$ 7450     |
| 21. Expenditures Made      | \$ 0             | \$ 8762.36  |

**Expenditures Made**

|   | Column A   | Column B   |
|---|------------|------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 2099.32 | \$ 7056.36 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0          | 0          |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 2099.32 | \$ 7056.36 |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 400.25     | 1706       |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0          | 0          |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 2905.32 | \$ 8762.36 |

**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**

|   |            |
|---|------------|
| Beginning Cash Balance ..... Previous Summary Page, Line 16                 | \$ 2367.96 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 125.       |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0          |
| 15. Cash Payments ..... Column A, Line 8 above                              | 2099.32    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 393.64  |

*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).

\*Amounts in this section may be different from amounts reported in Column B.

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 | \$ 2931 |

**Schedule A  
Monetary Contributions Received**

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

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>10-1-06</u><br>through <u>10-21-06</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>4</u> of <u>15</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

I.D. NUMBER

1269681

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9-3-06             | Woodbridge Pharmacy<br>2401 W. Turner Road Suite 290<br>Lodi, CA 95242                          | <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 | Zaman Khan<br>Pharmacist<br>Woodbridge Pharmacy   | 100.00                      | 100-   |                                       |
| 10-16-06           | Dana Ashbaugh<br>2225 Jackson Street<br>Lodi, CA 95242  | <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 | Dana Ashbaugh<br>unknown  | 25.00                       | 25-  |                                       |
|                    |   | <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            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 125.00                      |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 125.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 125.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
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 10-1-06  
through 10-21-06

**CALIFORNIA  
FORM 460**

Page 5 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

I.D. NUMBER

1269681

| 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          |
|--|---|--|------------------------------------|--|--|----------------------------------|-------------------------------------|--|
| Roger Khan<br>Box 904<br>Lodi, CA 95241<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor<br>Prudential CA Realty   | \$ 1225  | \$ 0                               | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0 | \$ 1225<br>12-31-06<br>DATE DUE                    | 0 %<br>RATE                      | \$ 1225<br>8-10-06<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1225<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>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>DATE INCURRED                 | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| <b>SUBTOTALS \$</b>  |   | 0 \$   | 0 \$                               | 0 \$   | 1225 \$  | 0                                |                                     |  |

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

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

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

# Schedule B - Part 2 Loan Guarantors

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

|   |                            |
|---|----------------------------|
| Statement covers period<br>from 10-1-06<br>through 10-21-06 | <b>CALIFORNIA FORM 460</b> |
|   | Page 6 of 15               |
| I.D. NUMBER<br>1269681                                      |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

| 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<br><br>LENDER<br><br>DATE | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE<br><br>CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br><br>\$ _____ | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------------------|-------------------------------|---|-----------------------------|
|   | <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>DATE             |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br><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>DATE             |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br><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>DATE             |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br><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>DATE             |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br><br>\$ _____                           |                             |

**SUBTOTAL \$**

0

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<br>from <u>10-1-06</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10-21-06</u>                        |  |                                |
|  |  | Page <u>7</u> of <u>15</u>     |
| NAME OF FILER<br><br>Roger Khan                |  | I.D. NUMBER<br><br>1269681     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(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 |   |                                  |                           |  |                                       |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

## Schedule C Summary

- |  |                 |   |
|--|-----------------|---|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(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.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | 0 |

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

SCHEDULE D

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

|   |                            |
|---|----------------------------|
| Statement covers period<br>from 10-1-06<br>through 10-21-06 | <b>CALIFORNIA FORM 460</b> |
|   | Page 8 of 15               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

I.D. NUMBER

1269681

| 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 checked="" 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> |   |   |                           | 0                  |   |                                    |

**Schedule D Summary**

|  |                   |
|--|-------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)                 | \$ 0              |
| 2. Unitemized contributions and independent expenditures made this period of under \$100                                     | \$ 0              |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | <b>TOTAL \$ 0</b> |

**Schedule E  
Payments Made**

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

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 10-1-06  |                            |
| through                 | 10-21-06 | Page <u>9</u> of <u>15</u> |
| NAME OF FILER           |          | I.D. NUMBER                |
| Roger Khan              |          | 1269681                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Roger Khan

**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                |
| F 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 |
|---|---------|----------------------------|-------------|
| Orchard Supply<br>Lodi, CA 95240                                    | CMP     | hammer for signs           | 17.23       |
| Lodi News Sentinel<br>Lodi, CA 95240                                | LIT     | campaign fliers            | 612.00      |
| Spice & India Spices<br>Lodi, CA 95240                              | FND     | food/spices for fundraiser | 405.75      |

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

**SUBTOTAL \$** 1034.98

**Schedule E Summary**

|  |                 |         |
|--|-----------------|---------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 2099.32 |
| 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.) | <b>TOTAL \$</b> | 2099.32 |

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

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

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10-1-06  |                                |
| through                 | 10-21-06 | Page <u>10</u> of <u>15</u>    |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Roger Khan              |          | 1269681                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

**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                      |
| FUN | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| ILE | 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 |
|---|------|----|-------------------------|-------------|
| US Post Office<br>Lodi, CA 95240                                    | LIT  |    | stamps for mailings     | 39.00       |
| Lodi News Sentinel<br>Lodi, CA 95240                                | LIT  |    | campaign ad and inserts | 1025.34     |
|   |      |    |                         |             |
|   |      |    |                         |             |
|   |      |    |                         |             |

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

**SUBTOTAL \$ 1064.34**

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

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

|                         |          |                             |
|-------------------------|----------|-----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b>  |
| from                    | 10-1-06  |                             |
| through                 | 10-21-06 | Page <u>11</u> of <u>15</u> |
| NAME OF FILER           |          | I.D. NUMBER                 |
| Roger Khan              |          | 1269681                     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

I.D. NUMBER

1269681

**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                      |
| FUN | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                      | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |                |
|---|--------------------------------|---|------------------------------------|---|--|----------------|
| Pak & India Spices<br>Lodi, CA 95240  | FND<br>fundraiser food/spices  | 405.75  | 0                                  | 405.75  | 0  |                |
| Vanessa Soriano<br>PO Box 1182<br>Davis, CA 95617   | SAL                            | 500.00  | 200.00                             | 0   | 700.00   |                |
| Roger Khan<br>Box 904<br>Lodi, CA 95241   | TRC                            | 400.00  | 300.00                             | 0   | 700.00   |                |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |                                | <b>SUBTOTALS \$</b>                                 | <b>1305.75 \$</b>                  | <b>500.00 \$</b>                                  | <b>405.75 \$</b>                                   | <b>1400.00</b> |

**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.)                     | <b>INCURRED TOTALS \$</b> | 806    |
| 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.) | <b>PAID TOTALS \$</b>     | 405.75 |
| 3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b>             | 400.25 |

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.

SCHEDULE F (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10-1-06  |                                |
| through                 | 10-21-06 | Page 12 of 15                  |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Roger Khan              |          | 1269681                        |

**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                                |
| CIV 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| DJUSD Publications<br>526 B Street<br>Davis, CA 95616                  | LIT                               | 280.00  | 280.00                                | 0   | 280.00   |
| Farmers & Merchant Bank<br>Lodi, CA 95240                              | PRO                               | 26.00   | 26.00                                 | 0   | 26.00  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>306 \$</b>   | <b>306 \$</b>                         | <b>0 \$</b>   | <b>306</b>   |

**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.

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 10-1-06  |                            |
| through                 | 10-21-06 | Page 13 of 15              |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Roger Khan             | I.D. NUMBER<br>1269681 |
| 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                                    |
| CTR contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CDV 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets. TOTAL\* \$ 0

# Schedule H Loans Made to Others\*

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

|   |                            |
|---|----------------------------|
| Statement covers period<br>from 10-1-06<br>through 10-21-06 | <b>CALIFORNIA FORM 460</b> |
|   | Page 14 of 15              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roger Khan

I.D. NUMBER

1269681

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

\*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.

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

## Schedule H Summary

- Loans made this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans ..... \$ 0  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ 0**  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\*If Required

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10-1-06</u><br>through <u>10-21-06</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>15</u> of <u>15</u>    |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Roger Khan

I.D. NUMBER  
1269681

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

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 0**

**Schedule I Summary**

|  |                 |          |
|--|-----------------|----------|
| 1. Itemized increases to cash this period.....   | \$              | <u>0</u> |
| 2. Unitemized increases to cash of under \$100 this period.....  | \$              | <u>0</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....                            | \$              | <u>0</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | <b>TOTAL \$</b> | <u>0</u> |