

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

Type or print in ink,

COVER PAGE

Date Stamp RECEIVED 2011 JAN 31 AM 10:13 CITY CLERK CITY OF LODI	CALIFORNIA 2001/02 FORM 460
	1/14 For Official Use Only

Statement covers period from <u>10/18/2010</u> through <u>12/31/2010</u>	Date of election if applicable: (Month, Day, Year) <u>11/02/2010</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1329871

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Elect Katzakian for City Council 2010

STREET ADDRESS (NO P.O. BOX)
48 River Pointe Drive

CITY Lodi	STATE CA	ZIP CODE 95240-0566	AREA CODE/PHONE 209-369-6016
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
209-334-3622

Treasurer(s)

NWE OF TREASURER
Mrs. Christine Katzakian

MAILING ADDRESS
48 River Pointe Drive

CITY Lodi	STATE CA	ZIP CODE 95240-0566	AREA CODE/PHONE 209-369-6016
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
209-334-3622

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 01/31/2010 By Mrs. Christine Katzakian
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2010 By Hon. Phil Katzakian
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

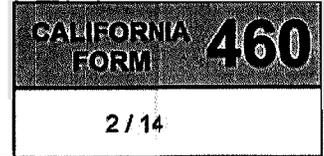
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE 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



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Hon. Phil Katzakian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Held: City Council Member
City Lodi

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
48 River Pointe Drive Lodi CA 95240-0566

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <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? <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

BALLOT NO OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, etc.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from _____ through _____	CALIFORNIA FORM 460 3 / 14
	I.D. NUMBER 1329871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katakian for City Council 2010

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 5219.00	\$ 25378.00
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 5219.00	\$ 25378.00
4. Nonmonetary Contributions	Schedule C, Line 3	510.00	510.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 5729.00	\$ 25888.00

Calendar Year Summary for Candidates Running In Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made?

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 14495.32	\$ 24516.49
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 14495.32	\$ 24516.49
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	510.00	510.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 15005.32	\$ 25026.49

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
_____	\$ _____
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

12. Beginning Cash Balance _____	Previous Summary Page, Line 16	\$ 10137.83
13. Cash Receipts	Column A, Line 3 above	5219.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	14495.32
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 943.68

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).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

*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

Statement covers period from <u>10/18/2010</u> through <u>12/31/2010</u>	CALIFORNIA FORM 460
	4/14
	I.D. Number 1329871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katzakian for City Council 2010

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 10/18/2010	Mr. James V. Demera III 405 W. Pine Street Lodi, CA 95240 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY James Demera Atty.	100.00	100.00	
Rcpt Dt: 10/18/2010	Browman Development Company, Inc. 1556 Parkside Drive Walnut Creek, CA 94596 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 10/18/2010	Commercial West, Inc. 1556 Parkside Drive Walnut Creek, CA 94596 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		450.00	450.00	
Rcpt Dt: 10/20/2010	Tiger Lines Inc. Dennis Altnow, President P.O. Box 1120 Lodi, CA 95241-1120 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 10/21/2010	Pennino & Associates 1502 Keagle Way Lodi, CA 95242-7504 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 4600.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 619.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 5219.00

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>10/18/10</u>	CALIFORNIA FORM 460
through <u>12/31/10</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Elect Katzakian for City Council 2010	I.D. Number 1329871
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DATE RECEIVED	FULL NAME, MAILING ADDRESS (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)
Rcpt Dt: 10/28/2010	California Waste Recovery Systems, LLC P.O. Box 670 Woodbridge, CA 95258-3712 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
Rcpt Dt: 10/28/2010	Lodi Victor Ventures, LLC 528 Thrid Street West Sacramento, CA 95685 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
Rcpt Dt: 11/02/2010	Wat-Marl Stores, Inc. 702 SW 8th Street Bentonville, AK 72710 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		950.00	950.00	
Rcpt Dt: 11/02/2010	Waste Management Service Center P.O. Box 3027 Houston, TX 77253-3027 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	800.00	
Rcpt Dt: 11/08/2010	Blue Shield of CA 50 Beale Street San Francisco, CA 94185-1813 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$						

Schedule A Summary

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>10/18/10</u>	CALIFORNIA FORM 460
through <u>12/31/10</u>	
6 / 14	
I.D. Number 1329871	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katzakian for City Council 2010

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 11/18/2010	Mr. Don Walters 1327 Rivergate Drive Lodi, CA 95240-0549 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	info requested	100.00	100.00	
Rcpt Dt: 12/03/2010	Mr. Larry W. Anderson 7422 Altrus Court Monterey, CA 93940-7307 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SMALL BUSINESS Anderson Mortgage	250.00	250.00	

SUBTOTAL \$ 4600.00

Schedule A Summary

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

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

Schedule C Nonmonetary Contributions Received

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

Statement covers period from <u>10/18/10</u> through <u>12/31/10</u>	CALIFORNIA FORM 460
	SCHEDULE C
I.D. Number <u>7/14</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Elect Katsakian for City Council 2010

I.D. Number <u>1329871</u>

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)
Rcpt Dt: 10/27/2010	Abundance Vineyards 1150 W. Turner Road Lodi, CA 95242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Donated wine	174.00	174.00	
Rcpt Dt: 10/27/2010	Jessie's Grove Vineyards 1973 W. Turner Road Lodi, CA 95242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Donated wine	132.00	132.00	
Rcpt Dt: 10/31/2010	Ripken Vineyards 2472 W. Sargent Road Lodi, CA 95242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Donated wine	114.00	114.00	
SUBTOTAL \$					420.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 420.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 90.00
- 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 \$** 510.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
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.

SCHEDULE E

Statement covers period from <u>10/18/10</u> through <u>12/31/10</u>	CALIFORNIA FORM 460
	8/14
	I.D. NUMBER 1320871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Katakian for City Council 2010

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 |
| CNS campaign consultants | MTG meetings and appearances |
| CTB contribution (explain nonmonetary)* | OFC office expenses |
| CVC civic donations | PET petition circulating |
| FIL candidate filing/ballot fees | PHO phone banks |
| FND fundraising events | POL polling and survey research |
| IND independent expenditures supporting/opposing others (explain)** | POS postage, delivery and messenger services |
| LEG legal defense | PRO professional services (legal, accounting) |
| LIT campaign literature and mailings | PRT print ads |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mrs. Chris Katakian 48 River Pointa Circle Lodi, CA 95240-0566	CMP		Election nite party	100.00
Mrs. Chris Katakian 48 River Pointe Circle Lodi, CA 95240-0566	CMP		Election Nite Party	200.00
Mrs. Chris Katakian 43 River Pointe Circle Lodi, CA 95240-0566	CMP		Petty Cash	100.00

* 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.)	\$ 14100.56
2. Unitemized payments made this period of under \$100.	\$ 304.76
3. Total interest paid this period on loans, (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 14495.32

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10/18/10	
through	12/31/10	9/14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Elect Kabakian for City Council 2010	I.D. NUMBER 1329871
-------------------------------------------------------	------------------------

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. of 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/sponso |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mrs. Chris Katzakian 48 River Pointe Circle Lodi, CA 95240-0566	CMP		Petty Cash	50.00
Mr. Kelly D. King 708 S. California Street Lodi, CA 95240-3919	CMP		Labor	396.00
Mr. Ed Sakoda 1836 Alder Tree Way Lodi, CA 95242	CMP		Sign labor	100.00

* 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.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
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 \$** _____

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10/18/10</u>		CALIFORNIA FORM 460
through <u>12/31/10</u>		
NAME OF FILER Elect Katzakian for City Council 2010		I.D. NUMBER 1329871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katzakian for City Council 2010

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, small) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Edible Arrangements 224 N. Ham Lane Lodi, CA 95240	CMP		Election nite party	104.00
Lodi News Sentinel 125 N. Church Street Lodi, CA 95240-2102	PRT			1470.84
Power Marketing 6333 Pacific Avenue #510 Stockton, CA 95207	TEL			3000.00

* 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.)\$ _____
2. Unitemized payments made this period of under \$100.\$ _____
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 \$ _____

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10/18/10</u> through <u>12/31/10</u>	CALIFORNIA FORM 460
	11/14
	I.D. NUMBER 1329871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katakian for City Council 2010

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)* | QFC 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 | PHQ phone banks | TRC candidate travel, lodging, and meals |
| END 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 end mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Strategic Research ID: 3333 W. Country Club Blvd Stockton, CA 95204-3857	CMP			500.00
Strategic Research ID: 3333 W. Country Club Blvd Stockton, CA 95204-3857	CMP			400.00
Strategic Research ID: 3333 W. Country Club Blvd Stockton, CA 95204-3857	CMP			1302.02

* 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.)\$ _____
2. Unitemized payments made this period of under \$100.\$ _____
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.)TQTAL \$ _____

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10/18/10</u>	CALIFORNIA FORM 460
through <u>12/31/10</u>	
12/14	
I.D. NUMBER 1329871	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katakian for City Council 2010

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 | PWO 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 | WES information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Strategic Research 3333 W. Country Club Blvd Stockton, CA 95204-3857 ID:	CMP			5000.00
Strategic Research 3333 W. Country Club Blvd Stockton, CA 95204-3857 ID:	CMP			141.79
Touch of Mesquite 334 E. Lodi Avenue Lodi, CA 95240-5923 ID:	CMP			1032.95

* 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.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
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 \$** _____

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10/18/10</u> through <u>12/31/10</u>	CALIFORNIA FORM 460
	13/ 14
	I.O. NUMBER 1329871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect **Katzakian** for City Council 2010

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. of 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)* | POB 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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wal-Mart Stores, Inc. 2369 W. Kettleman Lane Lodi, CA 95242	CVC		Adopt-a-child gifts	168.98
Wiegums Nursery 401 Ham Lane Lodi, CA 95240	CMP		Decorations	123.98

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

SUBTOTAL \$ 14190.56

Schedule E Summary

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

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

Statement covers period from <u>10/18/10</u>		CALIFORNIA FORM 460
through <u>12/31/10</u>		
		14/14
NAME OF FILER Elect Katakian for City Council 2010		I.D. NUMBER 1329871

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Katakian for City Council 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Strategic Research

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. of 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, email) |

* 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
SP Graphics ID: 9858 Kent Street Elk Grove CA 95624	LIT			2046.24
3am Communications ID: 1821 Concord Avenue Stockton CA 95204	LIT			250.00
ID:				
ID:				
ID				

Attach additional information on appropriately labeled continuation sheets,

TOTAL* \$

* 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.