Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM 460

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For Official Use Only

Date Stamp

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OCT 09 2014
CITY CLERK

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2014
through 09/30/2014

Date of election if applicable: (Month, Day, Year)
11/04/2014

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

- [X] Officeholder, Candidate Controlled Committee
  - O State Candidate Election Committee
  - O Recall

  (Also Complete Part 5.)
- [ ] General Purpose Committee
  - O Sponsored
  - O Small Contributor Committee
  - O Political Party/Central Committee
- [ ] Ballot Measure Committee
  - O Primary Formed
  - O Controlled
  - O Sponsored

  (Also Complete Part 6.)
- [ ] Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

- [X] Pre-election 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
1350595

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Lodians for Doug Kuehne - Lodi City Council 2014

STREET ADDRESS (NO P.O. BOX)
45 S. Guild Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209-333-1974

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
Mr. Steven Crivelli

MAILING ADDRESS
2841 Paradise Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242-8330	209-339-8735

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

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

Executed on 10/06/2014 (DATE) By Mr. Steven Crivelli (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 10/06/2014 (DATE) By Mr. Doug Kuehne (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.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mr. Doug Kuehne

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
45 S. Guild Avenue Suite A	Lodi	CA	95240

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? ☐ 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

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period
from _____
through _____

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lodians for Doug Kuehne - Lodi City Council 2014

I.D. NUMBER
1350595

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1410.00	$ 1410.00
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1410.00	$ 1410.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	1410.00	$ 1410.00

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

6. Payments Made	Schedule E, Line 4	$ 2025.00	$ 2115.00
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2025.00	$ 2115.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2025.00	$ 2115.00

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 733.91
13. Cash Receipts	Column A, Line 3 above	1410.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	2025.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 118.91

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

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

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NAME OF FILER
Lodians for Doug Kuehne - Lodi City Council 2014

I.D. Number
1350595

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: 07/01/2014	Mr. Charles H. Hill 1025 Miwok Drive Lodi, CA 95240-7620 ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	info requested	100.00	100.00	
Rcpt Dt: 07/25/2014	Mr. Michael Harmon 622 Yellowstone Street Woodbridge, CA 95258 ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	PHARMACIST	250.00	250.00	
Rcpt Dt: 08/06/2014	RJQ Landscape and Design P.O. Box 288 Lodi, CA 95241-0288 ID:	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	
Rcpt Dt: 08/26/2014	Mr. Douglas Kuehne 45 S. Guild Avenue Lodi, CA 95240 ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	SELF EMPLOYED King's Carpet Cleaning	400.00	400.00	
Rcpt Dt: 09/23/2014	Mr. Michael D. Hakeem 2800 W. March Lane Stockton CA 95219-8218 ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	SELF EMPLOYED Hakeem Ellis & Simonelli	100.00	100.00	
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period - contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $ 1350.00
2. Amount received this period - unitemized contributions of less than $100 ..... $ 60.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 1410.00

*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

CALIFORNIA FORM 460

Statement covers period
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NAME OF FILER
Lodians for Doug Kuehne - Lodi City Council 2014

I.D. Number
1350595

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: 09/24/2014	Mr. J. Jeffrey Kirst P.O. Box 1259 Woodbridge, CA 95258-1259 ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	SELF EMPLOYED KCF Real Estate	250.00	250.00	

SUBTOTAL $ 1350.00

Schedule A Summary

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

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

Schedule E
Payments Made

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

Statement covers period
from _____
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lodians for Doug Kuehne - Lodi City Council 2014

I.D. NUMBER
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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/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
City of Lodi 221 W. Pine Street Lodi, CA 95240-2019 ID:	CMP	Cand. Stmt.	1200.00
City of Lodi 221 W. Pine Street Lodi, CA 95240-2019 ID:	CMP		100.00
City of Lodi 221 W. Pine Street Lodi, CA 95240-2019 ID:	CMP		25.00

* 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.) ..... $ 2025.00
2. Unitemized payments made this period of under $100. ..... $ 0.00
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 $** 2025.00

Schedule E
Payments Made

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

Statement covers period
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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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)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi Chamber of Commerce 35 S. School Street Lodi, CA 95240-2114 ID:	CVC		225.00
Lodi Grape Festival P.O. Box 848 Lodi, CA 95241-0848 ID:	CVC		475.00

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

SUBTOTAL $ 2025.00

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 $** _____