

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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TURLOCK CITY CLERK

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

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

NOVEMBER 2, 2006

Statement covers period from

08/11/2006

through 09/30/2006

SEE INSTRUCTIONS ON REVERSE

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

- Offholder, 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/Offholder 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

SCHED C INCLUDED, BUT AMT WASN'T CARRIED TO SUMMARY
PG, LINE 10. LINE 2 NOT CARRIED TO LINE 19 ON SUMMARY PG.

3. Committee Information

I.D. NUMBER
1289547

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

JOHN S. LAZAR FOR TURLOCK MAYOR

Treasurer(s)

NAME OF TREASURER

GARY L. WAHL

MAILING ADDRESS

319 E. MAIN STREET

STREET ADDRESS (NO P.O. BOX)

331 E. MAIN STREET

CITY

TURLOCK

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

209-669-8000

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

PO BOX 163

CITY

TURLOCK

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

209-669-8000

CITY

TURLOCK

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

209-669-0880

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 10/26/06

Date

Executed on 10/26/06


Date

Executed on _____

Date

Executed on _____

Date

By  Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

**CALIFORNIA 460
FORM**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN S. LAZAR

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
331 E. MAIN STREET TURLOCK CA 95380

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.*

COMMITTEENAME	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
COMMITTEENAME	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. 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 PROponent

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.*

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 08/1/2006

through 09/30/2006

CALIFORNIA
FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1289547

Contributions Received

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

Schedule A, Line 3 \$ 42,222.00

Schedule B, Line 3 1,000.00

Add Lines 1 + 2 \$ 43,222.00

Schedule C, Line 3 2,750.00

Add Lines 3 + 4 \$ 45,972.00

Column B CALENDAR YEAR TOTAL TO DATE

\$ 42,222.00

\$ 1,000.00

\$ 43,222.00

\$ 2,750.00

\$ 45,972.00

Expenditures Made

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date \$ _____

_____ \$ _____

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

Schedule E, Line 4 \$ 14,505.16

Schedule H, Line 3 0.00

Add Lines 6 + 7 \$ 14,505.16

Schedule F, Line 3 0.00

Schedule C, Line 3 2,750.00

Add Lines 8 + 9 + 10 \$ 17,255.16

Current Cash Statement

12. Beginning Cash Balance \$ 0.00

13. Cash Receipts \$ 43,222.00

14. Miscellaneous Increases to Cash \$ 0.00

15. Cash Payments \$ 14,505.16

16. ENDING CASH BALANCE \$ 28,716.84

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 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents \$ 0.00

19. Outstanding Debts \$ 1,000.00

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 08/11/06 through 09/30/06. Page 3 of 34. I.D. NUMBER 1289547

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN S. LAZAR FOR TURLOCK MAYOR

Contributions Received

Table with 3 columns: Description, Column A (Total This Period), Column B (Calendar Year Total to Date). Rows include Monetary Contributions, Loans Received, and SUBTOTAL CASH CONTRIBUTIONS.

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

Summary table for 1/1 through 6/30 and 7/1 to Date. Rows for Contributions Received and Expenditures Made.

Expenditures Made

Table with 3 columns: Description, Column A, Column B. Rows include Payments Made, Loans Made, and SUBTOTAL CASH PAYMENTS.

Expenditure Limit Summary for State Candidates

Table for 22. Cumulative Expenditures Made. Includes Date of Election and Total to Date.

Current Cash Statement

Table with 3 columns: Description, Column A, Column B. Rows include Beginning Cash Balance, Cash Receipts, and ENDING CASH BALANCE.

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.

LOAN GUARANTEES RECEIVED

Table with 3 columns: Description, Column A, Column B. Rows include Schedule B, Part 2 and Cash Equivalents.

Cash Equivalents and Outstanding Debts

Table with 3 columns: Description, Column A, Column B. Rows include Cash Equivalents and Outstanding Debts.