

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/08
through 06/30/08

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

Date Stamp	RECEIVED AUG - 1 2008	CALIFORNIA FORM 460
TURLOCK CITY CLERK		
Page <u>1</u> of <u>6</u>	For Official Use Only	

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:

Pre-election Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Pre-election Statement - Attach Form 495
 Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) JOHN S. LAZAR FOR TURLOCK MAYOR I.D. NUMBER 1289547

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER GARY L. WAHL

MAILING ADDRESS 319 E. MAIN ST

CITY TURLOCK STATE CA ZIP CODE 95380 AREA CODE/PHONE 209-669-0880

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 07/31/08 Date

By  Signature of Treasurer or Assistant Treasurer

Executed on 07/31/08 Date

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

Executed on _____ Date

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

Executed on _____ Date

By _____ Signature of Controlling Officer/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
JOHN S. LAZAR

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

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.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		
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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN S. LAZAR

Statement covers period from <u>01/01/08</u> through <u>06/30/08</u>	Page <u>3</u> of <u>6</u> I.D. NUMBER 1289547
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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL (TO DATE)
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	66734.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0.00	66734.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	6000.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0.00	72734.00

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

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

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made		
6. Payments Made	Schedule E, Line 4 \$ 1265.00	56165.19
7. Loans Made	Schedule H, Line 3 (2500.00)	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ (1235.00)	56165.19
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	18589.20
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	5250.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ (1235.00)	80004.39

**Expenditure Limit Summary for State
Candidates**

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

Date of Election _____ Total to Date _____
(m/m/dd/yy)

\$ _____

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary/Page, Line 16 \$ 9333.81	
13. Cash Receipts	Column A, Line 3 above 0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above (1235.00)	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10568.81	

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

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

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).

**Schedule E
Payments Made**

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

Statement covers period from <u>01/01/08</u> through <u>06/30/08</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN S. LAZAR

I.D. NUMBER
1289547

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MTG member communications | RAD radio airtime and production costs |
| CNS campaign consultants | OFC meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv or cable airtime and production costs |
| FL candidate filing/ballot fees | PHD 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 |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TURLOCK COMMUNITY AUDITORIUM 1574 E CANAL DRIVE TURLOCK, CA 95380	FND		FUNDRAISER CONTRIBUTION	200.00
CITY OF TURLOCK 156 BROADWAY TURLOCK, CA 95380	FND		CENTENNIAL TREE	100.00
CITY OF TURLOCK 156 BROADWAY TURLOCK, CA 95380	FND		CENTENNIAL TREE	100.00
SUBTOTAL \$				400.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1100.00
- Unitemized payments made this period of under \$100 \$ 165.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1265.00**

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

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

SCHEDULE E (CONT)

Statement covers period from <u>01/01/08</u> through <u>06/30/08</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1289547</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN S. LAZAR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CNP | campaign paraphernalia/misc. | MER | 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 |
| FL | 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 |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TURLOCK WOMENS GOLF 10532 N. GOLF LINK ROAD TURLOCK, CA 95380	FND		GOLF TOURNAMENT FUNDRAISER	100.00
SOCIETY FOR HANDICAPPED CHILDREN 1129 8TH STREET MODESTO, CA 95354	FND		GOLF TOURNAMENT FUNDRAISER	100.00
TURLOCK CHAMBER 115 S. GOLDEN STATE BLVD. TURLOCK, CA 95380	FND		CENTENNIAL GALA	500.00

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

SUBTOTAL \$ 700.00

**Schedule H
Loans Made to Others***

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

SCHEDULE H

Statement covers period
from 01/01/08
through 06/30/08

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOHN S. LAZAR I.D. NUMBER 1289547

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR PER ELECTION**
				<input checked="" type="checkbox"/> PAID \$ <u>2500.00</u>	<input type="checkbox"/> FORGIVEN \$ _____				
TURLOCK CHAMBER FOUNDATION CITY OF TURLOCK CENTENNIAL 115 S. GOLDEN STATE BLVD. TURLOCK, CA 95380		\$ 2500	0	<input checked="" type="checkbox"/> PAID \$ 2500.00	<input type="checkbox"/> FORGIVEN \$ _____	0	0.00 %	\$ 2500.00	2500.00 PER ELECTION**
SUBTOTALS		\$ _____	0	\$ 2500.00	\$ _____	0	0		

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

Schedule H Summary

- Loans made this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 2500.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** (2500.00)
(Enter the net here and on the Summary Page, Column A, Line 7.)

****If Required**

From: "John Lazar" <jlazar@turlockhomes.com>
To: "Rhonda Greenlee" <rgreenlee@turlock.ca.us>
Date: 8/11/2008 5:58 PM
Subject: Lazar Campaign Statement
Attachments: rhonda.pdf