

**Statement of Organization
Recipient Committee**

(Government Code Sections 84101-84103)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

1. Committee Information

Date Qualified as

Committee (Month, Day, Year) 1996 ☐ Check box if not yet qualified

NAME OF COMMITTEE

Friends of James Bond

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

COUNTY OF DOMICILE

San Diego

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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

Same

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 X 1/25/00 At Encinitas, CA
DATE CITY AND STATE

Executed on X 1-26-00 At Encinitas, CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

WHERE TO FILE:

File original and one copy of this form with:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:

The city or county officer, if any, who receives the committee's original campaign disclosure statements.

AS AMENDED

STATEMENT OF ORGANIZATION

Date Stamp
CITY OF ENCINITAS
CITY CLERK
POLITICAL REFORM DIVISION
SECRETARY OF STATE
00 JAN 31 1:26 PM
00 FEB -4 PM 1:19 rec'd
BILL JONES
CA SECRETARY OF STATE
1-28-00 PJS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Encinitas CA 92024 (760) 753-1157

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

AS AMENDED

Type or print in ink

Page 2

I.D. NUMBER (IF AMENDMENT)

NAME OF COMMITTEE

FRIENDS OF JAMES BOND

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE.
SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE

PARTY

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

JAMES BOND

ENCINITAS CITY COUNCIL MEMBER

SUPPORT

OPPOSE

SUPPORT

OPPOSE

General Purpose Committee

If formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF
SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee:

(Month, Day, Year)

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

Amendment

☒ Check box if an Amendment
and enter I.D. number:

961005

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the
committee's original campaign disclosure
statements.

STATEMENT OF ORGANIZATION

Date Stamp RECEIVED AND FILED POLITICAL REFORM DIVISION OFFICE OF SECRETARY OF STATE 00 FEB -4 PM 1:19 BILL JONES CA SECRETARY OF STATE	For Official Use Only copy of original/initial me
---	--

I Committee Information

Date Qualified as
Committee

(Month, Day, Year)

☒ Check box if not yet qualified

NAME OF COMMITTEE

FRIENDS OF JAMES BOND

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

COUNTY OF DOMICILE

SAN DIEGO

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

SAME

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

SAME

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
(619) 943-8628

II Treasurer and Other Principal Officers

NAME OF TREASURER

ALAN L. TARKINGTON

MAILING ADDRESS

144 WEST D STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

ENCINITAS, CA 92024

(619) 753-1157

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds

You must specify what disposition will be made of leftover campaign funds, if any, at termination.

SURPLUS FUNDS WILL BE CONTRIBUTED TO THE PAUL HARRIS FOUNDATION

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 8/1/96 At ENCINITAS, CA
DATE CITY AND STATE

By _____
SIGNATURE OF TREASURER

Executed on _____ At ENCINITAS, CA
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLD, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLD, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLD, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

AS ORIGINALLY FILED

Page 2

I.D. NUMBER (IF AMENDMENT)

Type or print in ink

NAME OF COMMITTEE

FRIENDS OF JAMES BOND

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE.
SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
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- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE

PARTY

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

JAMES BOND

ENCINITAS CITY COUNCIL MEMBER

SUPPORT

OPPOSE

X

SUPPORT

OPPOSE

General Purpose Committee

If primarily formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

Provide BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee:

(Month, Day, Year)

☐ Check box if this committee no longer qualifies as a broad based committee.

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

Statement covers period
from 01/01/2000
through 06/30/2000

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

Date Stamp
CITY OF ENCINITAS
CITY CLERK

JUL 11 AM 8:01

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
- ☐ Controlled
- ☐ Sponsored
- (Also Complete Part 5.)

- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
961005

COMMITTEE NAME

Friends of James Bond

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

(760)753-1157

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

jlechleiter@gltcpas.com (760)753-5832

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 3

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

James Bond

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

Encinitas City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which 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

5. 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

6. 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

Attach continuation sheets if necessary

7. 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 7/6/00
DATE

Executed on X 7/6/00
DATE

Executed on
DATE

Executed on
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>01/01/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>961005</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Bond/Friends of James Bond

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 7	0.00	4,903.00	4,903.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 4,903.00	\$ 4,903.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 4,903.00	\$ 4,903.00

Expenditures Made

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

Current Cash Statement

Beginning Cash Balance	Previous Summary Page, Line 16	\$ 311.00
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	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 311.00

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$ 0.00
18. Cash Equivalents	See Instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above	\$ 4,903.00

Cash Equivalents and Outstanding Debts

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

5. **Statement of Organization
Recipient Committee**

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L 37

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

961005

Date qualified as committee

11 / 3 / 92
Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

Date Stamp

RECEIVED AND FILED
POLITICAL REFORM DIVISION
OFFICE OF SECRETARY OF STATE

SEP 13 2000

BILL JONES

1. Committee Information

NAME OF COMMITTEE

Friends of James Bond

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (if different)

Same

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

(760) 753-1157

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/11/00

DATE

Executed on 9/11/00

DATE

Executed on _____

DATE

Executed on _____

DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Friends of James Bond

I.D. NUMBER

961005

4. Type of Committee

 Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
James Bond	Encinitas City Council Member	2000	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution and the disposition of surplus funds (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	DATE OPENED
El Dorado Bank	(760)436-5226		11/3/92
ADDRESS	CITY	STATE	ZIP CODE
135 Saxony Rd., Encinitas, CA 92024			
DISPOSITION OF SURPLUS FUNDS			
Any surplus funds go to Paul Harris Fndn.			

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Friends of James Bond

I.D. NUMBER

961005

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

☐ (For purposes of special election contribution limits)

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to the Information Manual on Campaign Disclosure Provisions of the Political Reform Act, for Elected Officers, Candidates and their Controlled Committees (Manual A).
 - Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

961005

☐ Termination - See Part 5

List I.D. number:

Date qualified as committee

11 / 3 / 92
Date qualified as committee
(if applicable)

Date of Termination

Date Stamp

CITY OF ENCINITAS
CITY CLERK

00 SEP 29 PM 1:55

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Friends of James Bond

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

Same

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

(760) 753-1157

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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Executed on

9/11/00

DATE

Executed on

9/1/00

DATE

Executed on

DATE

Executed on

DATE

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By



SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipent Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

Page 2

COMMITTEE NAME

Friends of James Bond

I.D. NUMBER

961005

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
James Bond	Encinitas City Council Member	2000	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution and the disposition of surplus funds (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	DATE OPENED
El Dorado Bank	(760)436-5226		11/3/92
ADDRESS	CITY	STATE	ZIP CODE
135 Saxony Rd., Encinitas, CA 92024			
Any surplus funds go to Paul Harris Fndn.			

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

Page 3

I.D. NUMBER

961005

COMMITTEE NAME

Friends of James Bond

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

☐ (For purposes of special election contribution limits)

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to the Information Manual on Campaign Disclosure Provisions of the Political Reform Act, for Elected Officers, Candidates and their Controlled Committees (Manual A).
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

Date Stamp CITY CLERK 00 OCT --5 PM 2:50	CALIFORNIA FORM 460 Page <u>1</u> of <u>8</u> A For Official Use Only
--	---

Statement covers period

from 07/01/2000

through 09/30/2000

Date of Election if applicable:

(Month, Day, Year)

11/07/2000

1. Type of Recipient Committee:

☒ Officeholder, Candidate
Controlled Committee

☐ Primarily Formed Candidate/
Officeholder Committee

☐ Ballot Measure Committee

☐ Primarily Formed
☐ Controlled
☐ Sponsored

☐ General Purpose Committee

☐ Sponsored
☐ Broad Based

2. Type of Statement:

☒ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
961005

COMMITTEE NAME

Friends of James Bond

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

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

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas CA 92024 (760) 753-1157

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

enccpas@gltcpas.com

Fax: (760) 753-5832

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 8

4. Officeholder or Candidate Controlled Committee **5. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

James Bond

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

Encinitas City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which 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?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

7. 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 10/05/2000
DATE

Executed on 10/05/2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>8</u>

NAME OF FILER James Bond, Friends of James Bond	I.D. NUMBER 961005
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
08/08/2000	James Bond <div></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Business Consultant Self-employed	DUE DATE 12/31/2001 INTEREST RATE 0.000%	329	CALENDAR YEAR 329 OTHER		CALENDAR YEAR OTHER
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE		CALENDAR YEAR OTHER		CALENDAR YEAR OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE		CALENDAR YEAR OTHER		CALENDAR YEAR OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							

(a) TOTALS TO PART 1 SUMMARY LINE 1	(a) SUBTOTAL \$	329.00	(b)	0	Enter (b) on Summary Page, Line 18 only.
(b) TOTALS TO SUMMARY PAGE LINE 18					

Loans Received -- Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received -- Part I (a) subtotals.) \$ 329.00
- Amount received this period - unitemized loans of less than \$100. \$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 329.00

Loans Received -- Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0.00
- Loans under \$100 repaid, forgiven or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0.00
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5) **TOTAL \$** (0.00)
- Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. **NET \$** 329.00

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>8</u> I.D. NUMBER 961005
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NAME OF FILER

James Bond, Friends of James Bond

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 1,775.00	\$ 0.00	\$ 1,775.00
2. Loans Received Schedule B, Line 7	329.00	4,903.00	5,232.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,104.00	\$ 4,903.00	\$ 7,007.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,104.00	\$ 4,903.00	\$ 7,007.00

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 341.53	\$ 0.00	\$ 341.53
7. Loans Made Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 341.53	\$ 0.00	\$ 341.53
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 341.53	\$ 0.00	\$ 341.53

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 311.00
13. Cash Receipts Column A, Line 3 above	2,104.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	341.53
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,073.47

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 5,232.00

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	5,260	(3,160)
21. Expenditures Made \$	0	343

Schedule A

Monetary Contributions Received

Statement covers period

from 07/01/2000

through 09/30/2000

CALIFORNIA
FORM

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Page 4 of 8

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/01/2000	Christopher Calkins 1440 Paseo De Las Flores Leucadia, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CEO/Manager Carlitas Co.	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Diane Calkins 1440 Paseo De Las Flores Leucadia, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Zlaine Coambes-Machado 1055 Neptune Ave. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Kenneth DeGroot 3162 Via de Caballo Olivenhain, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)
09/30/2000	Larry Dodd 254 Poppy Ave. Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Business Consultant Self-employed	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 500.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,700.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 75.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1,775.00**

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>8</u> I.D. NUMBER <u>961005</u>
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NAME OF FILER

James Bond, Friends of James Bond

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/29/2000	Charles DuVivier 1182 Rancho Encinitas Dr. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Contractor/Council Member DuVivier Company	100.00	100.00	0.00 (P) 100.00 (G)
09/29/2000	Kathryn DuVivier 1182 Rancho Encinitas Dr. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	100.00	100.00	0.00 (P) 100.00 (G)
09/30/2000	Lisbeth Ecke 5600 Avenida Encinitas, #100 Carlsbad, CA 92008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Leasing Manager Carltas Co.	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Chris Frahm 4415 Sunset Bluffs Way San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney Hatch & Parent Co.	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Elaine Halliday 4285 Ibis St. San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Katie Halliday 1250B Cleveland Ave., #322 San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner/Property Manager Self-employed	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 600.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 07/01/2000
 through 09/30/2000

CALIFORNIA
 FORM **460**

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NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/01/2000	Robert Halliday 4285 Ibis St. San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Halliday Management	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Robin Halliday 3830 First Ave. San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Teacher San Diego Unified School District	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Francesca Krauel P.O. Box 420189 San Diego, CA 92142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney Nugent & Newnham	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Ed Machado 1055 Neptune Ave. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Writer Self-employed	100.00	100.00	0.00 (P) 100.00 (G)
09/30/2000	Jay Sarno 1965 Avenida La Posta Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Crescent Design	100.00	100.00	0.00 (P) 100.00 (G)
09/30/2000	John White 1288 Rancho Encinitas Drive Olivenhain, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	President Carlitas Co.	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 600.00

Schedule E Payments Made

SCHEDULE E

Statement covers period from 07/01/2000 through 09/30/2000	CALIFORNIA FORM 460 Page 8 of 8
I.D. NUMBER 961005	

NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
City of Encinitas 505 S. Vulcan Ave. Encinitas, CA 92024	CMP	Filing Fee and Candidate's Statement	329.00

SUBTOTAL \$ 329.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 329.00
2. Unitemized payments made this period of under \$100.	\$ 12.53
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 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	\$ 341.53

Campaign Disclosure Statement
Summary Page

AS AMENDED

SUMMARY PAGE

Statement covers period
from 07/01/2000
through 09/30/2000

CALIFORNIA
FORM **460**

Page 1 of 1

Amendment Run Date: 10/24/2000

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 1,775.00	\$ 0.00	\$ 1,775.00
2. Loans Received Schedule B, Line 7	329.00	4,903.00	5,232.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,104.00	\$ 4,903.00	\$ 7,007.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,104.00	\$ 4,903.00	\$ 7,007.00

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 341.53	\$ 0.00	\$ 341.53
7. Loans Made Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 341.53	\$ 0.00	\$ 341.53
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 341.53	\$ 0.00	\$ 341.53

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 311.00
13. Cash Receipts Column A, Line 3 above	2,104.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	341.53
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,073.47

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 5,232.00

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	0	1775
21. Expenditures Made \$	0	341

Campaign Disclosure Statement
Summary Page

SUMMARY PAGE

AS ORIGINALLY FILED

Statement covers period
from 07/01/2000
through 09/30/2000

CALIFORNIA
FORM 460

Page 3 of 8

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 1,775.00	\$ 0.00	\$ 1,775.00
2. Loans Received Schedule B, Line 7	329.00	4,903.00	5,232.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,104.00	\$ 4,903.00	\$ 7,007.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,104.00	\$ 4,903.00	\$ 7,007.00

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 341.53	\$ 0.00	\$ 341.53
7. Loans Made Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 341.53	\$ 0.00	\$ 341.53
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 341.53	\$ 0.00	\$ 341.53

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 311.00
13. Cash Receipts Column A, Line 3 above	2,104.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	341.53
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,073.47

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 5,232.00

Summary for Candidates in Both June
and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	5,260	(3,160)
21. Expenditures Made \$	0	343

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

Date Stamp
CITY OF ENCINITAS
CITY CLERK

00 OCT 26 PM 2:42

CALIFORNIA
FORM **460**

Page 1 of 7

A For Official Use Only

Statement covers period

from 10/01/2000

through 10/21/2000

Date of Election if applicable:

(Month, Day, Year)

11/07/2000

1. Type of Recipient Committee:

☒ Officeholder, Candidate
Controlled Committee

☐ Primarily Formed Candidate/
Officeholder Committee

☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored

☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
961005

COMMITTEE NAME

Friends of James Bond

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

()

Treasurer(s)

NAME OF TREASURER

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas CA 92024 (760) 753-1157

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

()

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 7

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

James Bond

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

Encinitas City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which 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?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

7. 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 10/26/2000
DATE

By

John C. Zerk
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/26/2000
DATE

By

James Bond
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

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>7</u> I.D. NUMBER 961005
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NAME OF FILER

James Bond, Friends of James Bond

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 1,558.00	\$ 1,775.00	\$ 3,333.00
2. Loans Received Schedule B, Line 7	0.00	5,232.00	5,232.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,558.00	\$ 7,007.00	\$ 8,565.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,558.00	\$ 7,007.00	\$ 8,565.00

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 1,013.00	\$ 341.53	\$ 1,354.53
7. Loans Made Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,013.00	\$ 341.53	\$ 1,354.53
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,013.00	\$ 341.53	\$ 1,354.53

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,073.47
13. Cash Receipts Column A, Line 3 above	1,558.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	1,013.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,618.47

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

Summary for Candidates in Both June and November Elections

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 5,232.00

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	0	3,333
21. Expenditures Made \$	0	1,355

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2000	
through	10/21/2000	Page <u>4</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
James Bond, Friends of James Bond		961005

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/17/2000	Robert Booker 3451 Toscano Court Olivenhain, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CEO Bench Pacific Company	100.00	100.00	0.00 (P) 100.00 (G)
10/05/2000	Paul Ecke P.O. Box 230488 Encinitas, CA 92023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Flower Grower Self-employed	100.00	100.00	0.00 (P) 100.00 (G)
10/05/2000	Paul Ecke 5600 Avenida Encinas, #100 Carlsbad, CA 92008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Ecke Ranch	100.00	100.00	0.00 (P) 100.00 (G)
10/14/2000	Glen Friedman 6818 Luciernaga Ct. Carlsbad, CA 92009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Manager Encinitas Ford	100.00	100.00	0.00 (P) 100.00 (G)
10/02/2000	Robert Grice 3184 Via de Caballo Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 500.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,200.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 358.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,558.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>7</u>
NAME OF FILER James Bond, Friends of James Bond	
I.D. NUMBER 961005	

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/01/2000	Donald Hubbard 1015-A Linda Vista Dr. San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Don Hubbard Contracting Co., Inc.	100.00	100.00	0.00 (P) 100.00 (G)
10/01/2000	Dorothy Hubbard 1015-A Linda Vista Dr. San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
10/06/2000	Patrick O'Connor 449 Sheffield Ave. Cardiff By The Sea, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)
10/09/2000	Richard Scott 1665 Meadow Glen Lane Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)
10/13/2000	Mark Wheeler P.O. Box 230945 Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Encinitas Ford	100.00	100.00	0.00 (P) 100.00 (G)
10/12/2000	Bruce Wiegand 1060 Wiegand Street Olivanhain, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Custom Home Builder Bruce D. Wiegand, Inc.	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 600.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 10/01/2000
 through 10/21/2000

CALIFORNIA
 FORM **460**

Page 6 of 7

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/05/2000	Daniel Wiegand P.O. Box 230515 Encinitas, CA 92024-0515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$

100.00

Schedule E Payments Made

SCHEDULE E

Statement covers period from 10/01/2000 through 10/21/2000	CALIFORNIA FORM 460 Page 7 of 7
I.D. NUMBER 961005	

NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT			1,000.00

SUBTOTAL \$ 1,000.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1,000.00
2. Unitemized payments made this period of under \$100.	\$ 13.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 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	\$ 1,013.00

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

CITY OF ENCINITAS
CITY CLERK

0 JAN 31 PM 4:25

CALIFORNIA
FORM 460

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A For Official Use Only

Statement covers period

from 10/22/2000

through 12/31/2000

Date of Election if applicable:

(Month, Day, Year)

11/07/2000

1. Type of Recipient Committee:

☒ Officeholder, Candidate
Controlled Committee

☐ Primarily Formed Candidate/
Officeholder Committee

☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored

☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
961005

COMMITTEE NAME

Friends of James Bond

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

()

Treasurer(s)

NAME OF TREASURER

John C. Lechleiter

MAILING ADDRESS

144 West D Street

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas CA 92024 (760) 753-1157

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

()

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

James Bond

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

Encinitas City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which 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?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

7. 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 1/30/2001
DATE

Executed on 1/31/2001
DATE

Executed on
DATE

Executed on
DATE

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By



SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from 10/22/2000 through 12/31/2000	CALIFORNIA FORM 460 Page 3 of 11
I.D. NUMBER 961005	

NAME OF FILER

James Bond, Friends of James Bond

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 8,208.00	\$ 3,333.00	\$ 11,541.00
2. Loans Received Schedule B, Line 7	(5,232.00)	5,232.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,976.00	\$ 8,565.00	\$ 11,541.00
4. Non-monetary Contributions Schedule C, Line 3	38.00	0.00	38.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 3,014.00	\$ 8,565.00	\$ 11,579.00

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 4,019.85	\$ 2,650.76	\$ 6,670.61
7. Loans Made Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,019.85	\$ 2,650.76	\$ 6,670.61
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	38.00	0.00	38.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,057.85	\$ 2,650.76	\$ 6,708.61

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1,322.24
13. Cash Receipts Column A, Line 3 above	2,976.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	4,019.85
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 278.39

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 In Column C above	\$ 0.00

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	5,260	1,400
21. Expenditures Made	0	6,671

Schedule A

Monetary Contributions Received

Statement covers period
from 10/22/2000
through 12/31/2000

CALIFORNIA
FORM **460**

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NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/03/2000	Real Estate PAC California 525 S. Virgil Ave. Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	ID #890106	100.00	100.00	0.00 (P) 100.00 (G)
11/07/2000	Vance Campbell 1796 Laurel Road Oceanside, CA 92054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Investor Self-employed	100.00	100.00	0.00 (P) 100.00 (G)
10/25/2000	Judy Cunningham P.O. Box 3634 Rancho Santa Fe, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)
11/01/2000	Maureen De St Croix 2243 Paseo Saucedal Carlsbad, CA 92009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
10/24/2000	Harley Denk 4329 Manchester Ave. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 500.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,400.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 6,808.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,208.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>11</u>
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NAME OF FILER James Bond, Friends of James Bond	I.D. NUMBER 961005
--	---------------------------

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/03/2000	Lori Estrada 418 Luenga Ave. Coral Gables, FL 33146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
10/23/2000	David Meyer P.O. Box 234293 Encinitas, CA 92023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Property Manager DCM Properties	100.00	100.00	0.00 (P) 100.00 (G)
11/03/2000	Rose Nemeth P.O. Box 1531 Rancho Santa Fe, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor Self-employed	100.00	100.00	0.00 (P) 100.00 (G)
11/03/2000	Wayne Pasco 2477 Montgomery Ave. Cardiff, CA 92007-2105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Engineer Pasco Engineering	100.00	100.00	0.00 (P) 100.00 (G)
11/03/2000	Marlene Pendleton 1312 Neptune Ave. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
10/28/2000	John Robinson 507 W. A St. Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Telecom Consultant JDR Associates	100.00	100.00	0.00 (P) 100.00 (G)

SUBTOTAL \$ 600.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 10/22/2000

through 12/31/2000

CALIFORNIA
FORM

460

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NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/24/2000	Reesey Shaw 7793 Senn Way La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Executive Director Lux Art Institute	100.00	100.00	0.00 (P) 100.00 (G)
11/03/2000	Tidelines Calendars P.O. Box 230431 Encinitas, CA 92024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	0.00 (P) 200.00 (G)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 300.00

Schedule B - Part I Loans Received

SCHEDULE B - Part I

Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>11</u>

NAME OF FILER James Bond, Friends of James Bond	I.D. NUMBER 961005
--	---------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							

(a) TOTALS TO PART 1 SUMMARY LINE 1	(a)	SUBTOTAL \$	0.00	(b)	Enter (b) on Summary Page, Line 18 only.
(b) TOTALS TO SUMMARY PAGE LINE 18					

Loans Received - Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received -- Part I (a) subtotals.) \$ 0.00
- Amount received this period - unitemized loans of less than \$100. \$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 0.00

Loans Received - Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 5,232.00
- Loans under \$100 repaid, forgiven or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0.00
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5) TOTAL \$ (5,232.00)
- Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. NET \$ (5,232.00)

SCHEDULE B - Part II

through 12/31/2000

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Page 8 of 11

I.D. NUMBER

961005

(c) TOTALS TO PART II SUMMARY LINE 4		(c)	TOTAL INTEREST	(d)
(d) TOTALS TO SCHEDULE E SUMMARY LINE 3	SUBTOTAL \$	5,232.00	PAID THIS PERIOD \$	0.00

Schedule B - Part III
Annual Report of Outstanding Loans Received

Statement covers period
from 10/22/2000
through 12/31/2000

CALIFORNIA
FORM **460**

Page 9 of 11

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
James Bond	08/08/2000	329.00	0.00	
(Continued)	12/31/1996	4,903.00	0.00	

SUBTOTAL \$ 0.00

Annual Report of Outstanding Loans Summary

1. Total outstanding loans this period.

(Enter here and on the Summary Page, Column C, Line 2.) **TOTAL \$** 0.00

Schedule C

Non-Monetary Contributions Received

Statement covers period

from 10/22/2000

through 12/31/2000

CALIFORNIA
FORM

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Page 10 of 11

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

SUBTOTAL \$ 0.00

Non-Monetary Contributions Summary

- Amount received this period - non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period - non-monetary contributions of less than \$100.
(Do not itemize.) \$ 38.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL** \$ 38.00

Schedule E Payments Made

SCHEDULE E

Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>11</u> I.D. NUMBER <u>961005</u>
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NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
North County Times 933 W. San Marcos Blvd. San Marcos, CA 92069	PRT		350.70
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT		3,606.02

SUBTOTAL \$ 3,956.72

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3,956.72
2. Unitemized payments made this period of under \$100.	\$ 63.13
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 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	\$ 4,019.85

**Schedule E
Payments Made**

AS AMENDED

SCHEDULE E

Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>11</u> I.D. NUMBER <u>961005</u>
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NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
North County Times 933 W. San Marcos Blvd. San Marcos, CA 92069	PRT			350.70
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT			1,106.02
U.S. Postal Service 1150 Garden View Encinitas, CA 92024	POS			2,533.00
SUBTOTAL \$				3,989.72

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>3,989.72</u>
2. Unitemized payments made this period of under \$100.	\$	<u>30.13</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$	<u>4,019.85</u>

Schedule E
Payments Made

AS ORIGINALLY FILED

SCHEDULE E

Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>11</u> I.D. NUMBER <u>961005</u>
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NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
North County Times 933 W. San Marcos Blvd. San Marcos, CA 92069	PRT		350.70
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT		3,606.02

SUBTOTAL \$ 3,956.72

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>3,956.72</u>
2. Unitemized payments made this period of under \$100.	\$ <u>63.13</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ <u>4,019.85</u>

Amendment to Campaign Disclosure Statement

Amendment Run Date: 01/24/2001

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement.

Date Stamp CITY OF ENCINITAS CITY CLERK 01 JAN 31 PM 4:25	AMENDMENT CALIFORNIA FORM 405
	A For Official Use Only

I Name of Filer

NAME OF FILER:

Friends of James Bond

I.D. NUMBER
(IF APPLICABLE)

961005

MAILING ADDRESS OF FILER: (NO. AND STREET)

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE

(760) 943-8628

NAME OF TREASURER IF RECIPIENT COMMITTEE:

John C. Lechleiter

PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)

144 West D Street

CITY

STATE

ZIP CODE

Encinitas

CA

92024

AREA CODE/DAYTIME PHONE

(760) 753-1157

II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 460,
executed on 10/26/2000 for the period 10/01/2000 through 10/21/2000
(MO., DAY, YR.) (MO., DAY, YR.) (MO., DAY, YR.)

B. The amended information affects items on the:

☐ Cover Page

☐ Allocation Page

☒ Summary Page

☒ Schedule(s) E

☐ Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets.

(Number of sheets attached 0.)

Report is amended to include a disbursement of \$1,296.23 on Schedule E. Information was not available when original report was prepared. Expense was for campaign signs.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 1/30/01 At Encinitas, CA
DATE CITY AND STATE

By

John C. Lechleiter

SIGNATURE OF TREASURER OR FILER

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/01 At Encinitas, CA
DATE CITY AND STATE

By

[Signature]

SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on _____ At _____
DATE CITY AND STATE

By

SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By

SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

State of California Fair Political Practices Commission.

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

AS AMENDED

Statement covers period
from 10/01/2000
through 10/21/2000

CALIFORNIA
FORM **460**

Page 3 of 7

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>1,558.00</u>	\$ <u>1,775.00</u>	\$ <u>3,333.00</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>5,232.00</u>	<u>5,232.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>1,558.00</u>	\$ <u>7,007.00</u>	\$ <u>8,565.00</u>
4. Non-monetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>1,558.00</u>	\$ <u>7,007.00</u>	\$ <u>8,565.00</u>

Expenditures Made

6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>2,309.23</u>	\$ <u>341.53</u>	\$ <u>2,650.76</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2,309.23</u>	\$ <u>341.53</u>	\$ <u>2,650.76</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2,309.23</u>	\$ <u>341.53</u>	\$ <u>2,650.76</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2,073.47</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>1,558.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>2,309.23</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1,322.24</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
--	----------------

**Summary for Candidates in Both June
and November Elections**

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>5,232.00</u>

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	<u>0</u>	<u>3,333</u>
21. Expenditures Made \$	<u>0</u>	<u>2,651</u>

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period
from 10/01/2000
through 10/21/2000

CALIFORNIA
FORM **460**

Page 3 of 7

I.D. NUMBER

961005

NAME OF FILER

James Bond, Friends of James Bond

AS ORIGINALLY FILED

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,558.00</u>	\$ <u>1,775.00</u>	\$ <u>3,333.00</u>
2. Loans Received Schedule B, Line 7	<u>0.00</u>	<u>5,232.00</u>	<u>5,232.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1,558.00</u>	\$ <u>7,007.00</u>	\$ <u>8,565.00</u>
4. Non-monetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>1,558.00</u>	\$ <u>7,007.00</u>	\$ <u>8,565.00</u>

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ <u>1,013.00</u>	\$ <u>341.53</u>	\$ <u>1,354.53</u>
7. Loans Made Schedule H, Line 7	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,013.00</u>	\$ <u>341.53</u>	\$ <u>1,354.53</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1,013.00</u>	\$ <u>341.53</u>	\$ <u>1,354.53</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>2,073.47</u>
13. Cash Receipts Column A, Line 3 above	<u>1,558.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>1,013.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,618.47</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0.00</u>
---	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>5,232.00</u>

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	<u>0</u>	<u>3,333</u>
21. Expenditures Made \$	<u>0</u>	<u>1,355</u>

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>7</u>
		I.D. NUMBER 961005

AS AMENDED

NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Inter Market Services 10011 Prospect Ave. Santee, CA 92071	CMP		1,296.23
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT		1,000.00

SUBTOTAL \$ 2,296.23

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 2,296.23
2. Unitemized payments made this period of under \$100.	\$ 13.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 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	\$ 2,309.23

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2000</u>	through <u>10/21/2000</u>	
Page <u>7</u> of <u>7</u>		I.D. NUMBER
		<u>961005</u>

AS ORIGINALLY FILED

NAME OF FILER

James Bond, Friends of James Bond

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT		

SUBTOTAL \$ 1,000.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1,000.00
2. Unitemized payments made this period of under \$100.	\$ 13.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 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	\$ 1,013.00

Amendment to Campaign Disclosure Statement

Amendment Run Date: 10/24/2000

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement.

AMENDMENT

Date Stamp

CALIFORNIA
FORM

405

A For Official Use Only

00 OCT 26 PM 2:42

I Name of Filer

NAME OF FILER:

Friends of James Bond

ID. NUMBER
(IF APPLICABLE)

961005

[REDACTED]

CITY STATE ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE

[REDACTED]

NAME OF TREASURER IF RECIPIENT COMMITTEE:

John C. Lechleiter

PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)

144 West D Street

CITY STATE ZIP CODE

Encinitas CA 92024

AREA CODE/DAYTIME PHONE

(760)753-1157

II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 460,
executed on 10/05/2000 for the period 07/01/2000 through 09/30/2000
(MO.,DAY,YR.) (MO.,DAY,YR.) (MO.,DAY,YR.)

B. The amended information affects items on the:

☐ Cover Page ☐ Allocation Page ☒ Summary Page
☐ Schedule(s) ☐ Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets.

(Number of sheets attached 1.)

Items 20 and 21 on the Summary Page reflected incorrect amounts because of software error.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 10/26/00 At Encinitas, CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF TREASURER OR FILER

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/26/00 At Encinitas, CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

State of California Fair Political Practices Commission.