Etatoment of Organization	9101003	
Statement of Organization	WHERE TO FILE: File original and one of	STATEMENT OF ORGANIZATIO
Recipient Committee	Secretary of State	CITY OF TRUITING
(Government Code Sections 84101-84103)	Political Reform Division P.O. Box 1467	AC ANCENIA COLERK POLITICAL SECRETARIOMISMOSTI LISE ONLY
Amendment	Sacramento, CA 95812	
Type or print in ink. One of box of Amendment and enter I.D. number:		one copy of this form with:
	The city or county office committee's original car	r, if any, who receives the
SEE INSTRUCTIONS ON REVERSE # 961005	statements.	BILL JONES 1-20-21
1. Committee Information	2.	Treasurer and Other Principal Officers SECHETARY OF STATE
Date Qualified as		NAME OF TREASURER
Committee (Month, Day, Year) 1996 Check box if n	not yet qualified	John C. Lechleiter
NAME OF COMMITTEE		MALI NIO ADDDOO
Friends of James Bond		MAILING ADDRESS 144 West D Street
ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET		CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE Encinitas CA 92024 (760) 753-1157
CITY STATE ZIP CODE AREA CODE/PHON	NE NUMBER	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF	DIFFERENT	MAILING ADDRESS
THAN COUNTY OF DOMICILE	-···-	
San Diego	-	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		
Same		
CITY STATE ZIP CODE AREA CODE/PHON	NE NUMBER	Attach additional information on appropriately labeled continuation sheets.
· · · · · · · · · · · · · · · · · · ·		
	•	
3. Perification		
I have used all reasonable diligence in preparing this statement and to		
herein is true and complete. I certify under penalty of perjury under the	he laws of the State of (California that the foregoing is true and correct.
Executed on X 1 25 00 At Encinitas, CA		By X Col Collection
DATE CITY AND STA		SIGNATURE OF THE ASURER
Executed on X 1-26 00 At Encinitas, CA		ву К
DATE CITY AND STA		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on At CITY AND STA	\TE	By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on At CITY AND STA	ATE	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

961005

Statement of Organization Recipient Committee

Type or print in ink

NAME OF COMMITTEE

AS AMENDED

atement of Organization				STATEMEN	T OF ORGAN	<u>NEATIO</u>
ecipient Committee	AS	SA	MENDED	.% 		
e or print in ink						
				Page 2		
E OF COMMITTEE				I.D. NU	MBER (IF AME	NDMENT)
FRIENDS OF JAMES BOND					·	
Type of Committee Completing This Statement:	SEE REVERSE	HE APPLICATION FOR IMPO	ABLE SECTION(S). MORE THAN ONE CATEGORY I RTANT INFORMATION AND DEFINITIONS OF THE	MAY BE APPLICABLE TO COMMITTEES LISTED B	YOUR COMM ELOW.	ITTEE.
Controlled Committee						
 If this committee is controlled by one or more officeholder(s) or candid number, if any, for each individual. 	late(s), list the nam	e of each	controlling officeholder or candidate. Also list th	e elective office sought	or held, and di	strict
this committee is controlled by one or more officeholder(s) or candid	late(s) for partisan	office, list	the political party with which each officeholder o	or candidate is affiliated	I. An officehol	der or
ndidate not holding or seeking a partisan office must indicate "non- if this committee is controlled by a state measure proponent, list the n	·partisan."		· ·			
name of each state measure proponent. If this committee acts jointly with another controlled committee, list the				mediate incusare	proponent, iis	Cuie
ME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMM		ARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUD	F DISTRICT NUMBER IE	APPI ICARI EI	
				- DISTRICT HOMBERTY	AFF CICABLE)	
				\$-		
Primarily Formed Committee If primarily formed to support o	LL			·		
if primarily formed to support o	r oppose specific ca		or measures, list the candidates or measures belo			
CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO	OR LETTER)		ANDIDATE'S OFFICE SOUGHT OR HELD OR MEASI (INCLUDE DISTRICT NO., CITY OR COUNTY, A	DRE'S JURISDICTION S APPLICABLE)		K ONE
JAMES BOND		E	NCINITAS CITY COUNCIL MEN	MBER	SUPPORT	OPPOSI
					SUPPORT	OPPOSI
General Purpose Committee					1	
primed to support or oppose specific candidates or measures, check O	NE box to indicate	if this is a:	☐ CITY Committee or ☐ COUNTY C	Committee or	STATE Comm	
ROVIDE BRIEF DESCRIPTION OF ACTIVITY					21415 Colum	ittee
Sponsored Committee Provide the name and address of the spo	nsor If the commi	ttee hat m	ore than one sponsor, provide names and addres			· · · · · · · · · · · · · · · · · · ·
NAME OF SPONSOR:	isor. If the commi	((66 1183 111	ore than one sponsor, provide names and address			
				INDUSTRY GROU SPONSOR:	P OR AFFILIATI	ONOF
ADDRESS OF SPONSOR: NO. AND STREET CITY			STATE ZIP CODE			
						
Broad Based Committee						

Broad Based Committee

ADDRESS OF SPONSOR:

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:

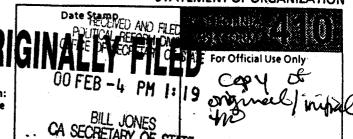
961005

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



Committee Information		Il Treasurer and Other Principal Officers
Date Qualified as Committee (Month, Day, Year)	☐ Check box if not yet qualified	NAME OF TREASURER
NAME OF COMMITTEE		MAILING ADDRESS
FRIENDS OF JAMES E	BOND	144 WEST D STREET
ADDRESS OF COMMITTEE (NOT P.O.		CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
	SIREE	ENCINITAS, CA 92024 (619) 753-1157
CITY	STATE ZIP CODE AREA CODE/PHONE NUMBER	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)
COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE	MAILING ADDRESS
SAN DIEGO	SAME	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
MAILING ADDRESS (IF DIFFERENT) NO		•
SAME		
	STATE ZIP CODE AREA CODE/ PHONE NUMBER (619) 943-8628	Attach additional information on appropriately labeled continuation sheets.
		made of leftover campaign funds, if any, at termination.
	BE CONTRIBUTED TO THE PAUL H	ARRIS FOUNDATION
V Verification		
I have used all reasonable dilic certify under penalty of perjur	gence in preparing this statement and to the be ry under the laws of the State of California that	est of my knowledge the information contained herein is true and complete. I
Executed on 8/1/96	At _ENCINITAS, CA	Ву
Executed on	At ENCINITAS, CA	SIGNATURE OF TREASURER
DATE	CITY AND STATE	By
Executed on	At	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE	CITY AND STATE	By
	CIT AND MATE	NUNATIBLE OF CONTROLLING ACCIDENCE CAMPINATOR AT
Executed on	At	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT By

Statement of Organization Recipient Committee

AS ORIGINALLY FILE

STAT	EMENT	OF C	RGA	NIZA	TIÔN
E	428				

(Month, Day, Year)

ype or print in ink							
AME OF COMMITTEE			·		Page 2		
					I.D. NUI	MBER (IF AME	NDMENT
Type of Committee Completing This Statement:	COMPLETE TH	E APPLICABLE SEC	TION(S). MORE TH	AN ONE CATEGORY MADEFINITIONS OF THE CO	AY BE APPLICABLE TO	YOUR COMM	ITTEE.
Ontrolled Committee If this committee is controlled by one or more officeholder(s) or candidate number, if any, for each individual. If this committee is controlled by one or more officeholder(s) or candidate and idate not holding or seeking a partisan office must indicate "non-part this committee is controlled by a state measure proponent, list the name name of each state measure proponent.	te(s), list the name te(s) for partisan o artisan." ne of the state me	of each controllin ffice, list the politi asure proponent.	ng officeholder or c ical party with whic If this committee is	andidate. Also list the or the ach officeholder or s controlled by more that	elective office sought of candidate is affiliated	or held, and d	der or
 If this committee acts jointly with another controlled committee, list the NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMIT 				d committee.	DISTRICT NUMBER IF A	PPLICABLE)	
		·			· 1		
Primarily Formed Committee If primarily formed to support or or				•			
CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. C	OR LETTER)	(INCL	UDE DISTRICT NO.,	T OR HELD OR MEASUR CITY OR COUNTY, AS A	(E'S JURISDICTION (PPLICABLE)		K ONE
JAMES BOND		ENCINI	TAS CITY	COUNCIL MEME	BER	SUPPORT	OPPOS
						SUPPORT	OPPOS
General Purpose Committee formed to support or oppose specific candidates or measures, check ONIDE BRIEF DESCRIPTION OF ACTIVITY	E box to indicate i	this is a:	CITY Committee or	☐ COUNTY Cor	nmittee or	STATE Comm	ittee
Sponsored Committee Provide the name and address of the spons	or. If the committ	ee has more than	one sponsor, provid	de names and addresse	s on appropriately lab	eled attachme	nt.
NAME OF SPONSOR:					INDUSTRY GROUP SPONSOR:	OR AFFILIATI	ON OF
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 candidate on or before which the committee qualified as a broad based committee do not complete this section.)	dates in excess of ee. (If the committ	the \$2,500 contrib ee is not a broad b	ution limit in conne ased committee, o	ection with a special ele or does not wish to make	ection, check the box be contributions in exce	elow and enti	er the 00 limit,

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

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 i	n k.	TY OF PAIS SIAMP CITY CLERK	S CA	cover page LLIFORNIA 460 FORM
	Statement covers period from 01/01/2000	Date of election if application. (Month, Day, Year)	JULII AM 8: 1	O1 Pag	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2000				
Controlled Committee (Also Complete Part 4.) Ballot Measure Committee O Primarily Formed O Sp	ritees – Complete Parts 1, 2, 3, and 7. rily Formed Candidate/ holder Committee complete Part 6.) ral Purpose Committee consored coad Based	2. Type of Statem Pre-election State Semi-annual State Termination State Amendment (Expl	ment ement ment	☐ Speci	terly Statement ial Odd-Year Report lemental Pre-election ment - Attach Form 495
3. Committee Information	I.D. NUMBER 961005	Treasurer(s)			100
COMMITTEE NAME		NAME OF TREASURER John C. Lechlei	tor		
Friends of James Bond		MAILING ADDRESS	CEI		
STREET ADDRESS (NO P.O. BOX)	The second secon	144 West D Stre	<u>et</u> State	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO.	DE AREA CODE/PHONE	Encinitas, CA 9			(760)753-1157
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	×	N/A MAILING ADDRESS		٠ .	· · · · · · · · · · · · · · · · · · ·
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAILADDR		(60) 753–58	332

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE -	RART 2

CALIFORNIA 460

Page 2 of 3

NAME OF OFFICEHOLDER OR CAN		d Committe	-	٠.	Ballot Measure Con	miirrea			
James Bond	DIDATE				NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLU	DE LOCATION AND DISTRIC	TAN MARER IS ADDI	IOADI EV						
		I NUMBER IF APPL	(CABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON .		SUPPORT OPPOSE
Encinitas City Coun		onv .	STATE ZIP			<u> </u>			
			SIAIE ZIP		Identify the controlling office			neasure propon	ent, if any.
		-			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not	Included in this St	atement: List a	nny committees		·				
not included in this consolidated formed to receive contributions	statement that are contro or to make expenditures o	olled by you or which on behalf of your ca	ch are primarily ndidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME		I.D. NUMBER		6.	Primarily Formed C	ommitte	B List names	of officeholder	s) or candidate
AME OF TREASURER	-	CONTROLLED CO	OMMITTEE?	·	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPO
COMMITTEE ADDRESS ST	REET ADDRESS (NO P.O. E				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPOF
NTY .	STATE ZIP (CODE ARE	A CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPOI
Verification			Attach continuation	n sheet	if necessary		. · · · · · · · · · · · · · · · · · · ·		
have used all reasonable di	ligence in preparing ar	nd reviewing this	statement and	o the l	pest of my knowledge the in	formation co	ntained here	in and in the a	ttached scher
s true and complete. I certif	/ under penalty of perj	ury under the lav	vs of the State of	of Calif	ornia that the foregoing is tr $arLambda$	ue and corre	ct.		
	00	_	Artica (•	Levelite	701 Tonaya (1800 to 1800 to 18			
Executed on 7/6/	DATE	Ву	113	1	SIGNATURE OF TREASURES	OR ASSISTANT T	REASURER	•	
PVAAMIAN OII		Ву	SIGNATURE OF CO	THOLLI	m)			ONSIBLE OFFICER	OF SPONSOR
Executed on		By By			SIGNATURE OF TREASURER AS OFFICEHOLDER, CANDIDATE, STATI	MEASURE PROP	ONENT OR RESP	•	DF SPONSOR

Campaign Disclosure Statement Summary Page

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

Statement covers period california 460

			from <u>01/01/2000</u>	FORM 400
SEE INSTRUCTIONS ON REVERSE			through 06/30/2000	Page 3 of 3
NAME OF FILER				I.D. NUMBER
James Bond/Friends of James Bond				961005
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
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	s 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	
10. Nonmonetary Adjustment		0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0.00	\$0.00	0.00 \$0.00
Current Cash Statement				
Beginning Cash Balance Previous Summary Page, Line 16	\$	311.00	* From previous statement Summary	Page, Column C. However If this
13. Cash Receipts Column A, Line 3 above		0.00	is the first report filed for the calendar except for Loans Received (Line 2), L	VBBC Column B should be blank
14. Miscellaneous increases to Cash		0.00	Expenses (Line 9).	varis Made (Line /), and Accrued
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	Summary for Candidate	s in Both June and
If this is a termination statement, Line 16 must be zero.			November Elections	- Walle Wild
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$	0.00	20. Contributions	· · · · · · · · · · · · · · · · · · ·
Cash Equivalents and Outstanding Debts	·			.00
18. Cash Equivalents	\$. 0.00		•00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	Ś	4,903,00		

Statement of		· 6	There are noticed to their	:		·		STATE	MENT OF C	RGANIZATION
Recipient Co	mmittee	¥	Type or print in ink			D	ate Stamp		FORNIA	410
Statement Type	☐ Initial Not yet qualified ☐	or	Amendment List I.D. number: # 961005		rmination - See Part 5 number:	POLITICAL OFFICE OF SI	VED AND FIL REFORM DI ECRETARY C		DRM For Official U	
	Date qualified as con	mmittee	11 / 3 / 92 Date qualified as committee (if applicable)		te of Termination	SEP	1 3 2000			
1. Committee	Information				2. Treasurer and	other Princ	uppal Office	ers		
NAME OF COMMITT				-	John C. Lech		UI OF S	IATE		
	of James Bond				144 West D S	treet				
STREET ADDRESS	(NO P.O. BOX)				CITY Encinitas, C		STATE	ZIP CODE		753-1157
MAILMONDONESS	(w ow renewr)	STATE	ZIP CODE AREA CODI	E/PHONE	N/A MAILING ADDRESS	ASURER, IF ANY				
Same OPTIONAL: FAX/E-	MAIL ADDRESS				CITY		STATE	ZIP CODE	AREA	CODE/PHONE
					NAME AND POSITION OF	OTHER PRINCIPAL	OFFICER(S), IF	APPLICABLE		
COUNTY OF DOMIC			RE COMMITTEE IS ACTIVE IF DIFFER Y OF DOMICILE	RENT	MAILING ADDRESS				- · · · · · · · · · · · · · · · · · · ·	
San Diego Attach additional in	formation on appropria	tely labeled co	ontinuation sheets.	··············	СІТУ		STATE	ZIP CODE	ARE	A CODE/PHONE
	easonable diligence		g this statement and to the best that the foregoing is true and By	correct.	2) realist	THE TREASURER OR	ASSISTANT TREA	SURER		er penalty of
Executed on	DATE	. 1	By <u></u>		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CAI	IDIDATE, OR STAT	TE MEASURE PROF	ONENT	
Executed on	DATE		By		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CAN	IDIDATE, OR STAT	E MEASURE PROF	ONENT	

Statement of Organization					STATEMENT O	F ORGANIZ	ATIO
Recipient Committee					CALIFORM FORM	NIA 41	0
STRUCTIONS ON REVERSE					Page 2		
OMMITTEE NAME					I.D. NUMBER		
Friends of James Bond	··········				961005		
. Type of Committee Complete the applicable sections.							
Controlled Committee							
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. List the political party with which each officeholder or candidate 			iceholder controlle	d, also list the elective	e office sought	or held, a	nd
• If this committee acts jointly with another controlled committee,	list the nar	me and identification number o	the other controll	ed committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OF		YEAR OF ELECTION	P	'ARTY	
					Non-Partis	san	
James Bond	Encin	itas City Council Me	nber	2000			
					Non-Partis	san	
List the financial institution and the disposition of surplus funds ((controlled	"candidate election" committee	s only)		100 10		***************************************
NAME OF FINANCIAL INSTITUTION	AF	REA CODE/PHONE	BANK ACCOUN	TNUMBER	DAT	TE OPENED	
El Dorado Bank		_(760)436-5226	3			1/3/92	
ADDRESS CITY	ST	TATE ZIP CODE	Gior Comone	PLUS FUNDS			
135 Saxony Rd., Encinitas, CA 92024			Any surp	lus funds go to	Paul Har	ris Fnd	a.
Primarily Formed Committee Primarily formed to support or oppose	specific can	didates or measures in a single elect	ion. List below:				
Primarily Formed Committee Primarily formed to support or oppose CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. Of		CANDIDATE(S) OFFICE SO		EASURE(S) JURISDICTION TY, AS APPLICABLE)	V	CHECK ONE	
		CANDIDATE(S) OFFICE SO	DUGHT OR HELD OR M	EASURE(S) JURISDICTION TY, AS APPLICABLE)	V SUPP)SE

Statement of Organization	STATEMENT OF OHGANIZATIO
Recipient Committee	CALIFORNIA 410
INSTRUCTIONS ON REVERSE	Page 3
COMMITTEE NAME	I.D. NUMBER
Friends of James Bond	961005
4. Type of Committee (Continued)	
General Purpose Committee Not formed to support or oppose specific candidates of CITY Committee CITY Committee COUNTY Committee	or measures in a single election. Check only one box: STATE Committee
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR IN	NDUSTRY 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 <u>Information Manual on Campaign Disclosure Provisions of the Political Reform Act, for Elected Officers, Candidates and their Controlled Committees</u> (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.

	Organization	Tuno ou malat in inte		<u>-</u>	STATEMENT OF ORGANIZATION
Recipient Co	mmittee	Type or print in ink		Date Stamp	california 410
Statement Type	[] Initial	Amendment	Termination - See Part 5	CHY CLERK	For Official Use Only
	Not yet qualified or		List I.D. number:	00 SEP 29 PM 1: 55	;
		# 961005	#	10 OCT 110	
		<u>11 , 3 , 92</u>			
	Date qualified as commi	itee Date qualified as committee (if applicable)	Date of Termination		
1. Committee	Information		2. Treasurer and O	ther Principal Office	ers
NAME OF COMMITT	EE		NAME OF TREASURER		
			John C. Lech1 MAILING ADDRESS	eiter.	
Friends	of James Bond				
STREET ADDRESS	(NO P.O. BOX)	1. W	144 West D St	reet STATE	ZIP CODE AREA CODE/PHONE
			Encinitas, CA	_ · · · · <u>_</u>	(760)753-1157
CITY		STATE ZIP CODE AREA CODE	114447 07 40040744 7777		(100)/133 1137
			N/A		
MAILING ADDRESS	(IPUIFFERENT)		- MAILING ADDRESS		
Same			CITY	STATE	ZID CODE
OPTIONAL: FAX/E-	MAIL ADDRESS			SIMIE	ZIP CODE AREA CODE/PHONE
			NAME AND POSITION OF OT	HER PRINCIPAL OFFICER(S), IF A	PPLICABLE
COUNTY OF DOMIC		INTY WHERE COMMITTEE IS ACTIVE IF DIFFER			
	THA	N COUNTY OF DOMICILE	MAILING ADDRESS		
San Diego	D				
Attach additional in	formation on appropriately	labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
	, ,			·	·
3. Verification					
I have used all re		preparing this statement and to the bes		ntained herein is true and co	omplete. I certify under penalty of
perjury under the		California that the foregoing is true and o			
Executed on	9/11/00	Ву	Police Dealects		
	A DATE	_ (SIGNATURE	F TREASURER OR ASSISTANT TREASU	JRER
Executed on	DATE	By <u>\</u>	SIGNATURE OF CONTROLSING	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT
Executed on		By			
	DATE		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT
			· · · · · · · · · · · · · · · · · · ·		

Statement of Organization						STATEMEN	IT OF ORG	ANIZATIO
Recipient Committee						CALIFO		410
INSTRUCTIONS ON REVERSE								
COMMITTEE NAME				***************************************		Page 2	R	-
Friends of James Bond						9610	005	
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure	proponent.	If candidate or of	ficeholder controlle	d, also list the electiv	e office sou	ight or hel	d, and
List the political party with which each officeholder or candidate if	is affiliated	d or check "a	non-partisan."					
 If this committee acts jointly with another controlled committee, if 			•	f the other controll	ed committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIV (INCLUDE DI	E OFFICE SOUGHT OF STRICT NUMBER IF AF	R HELD PPLICABLE)	YEAR OF ELECTION		PARTY	
						Non-F	artisan	
James Bond	Encir	nitas Cit	y Council Me	mber	2000			
						☐ Non-F	artisan	
			· · · · · · · · · · · · · · · · · · ·					
• List the financial institution and the disposition of surplus funds (controlled	l "candidate	election" committee	es only)				
NAME OF FINANCIAL INSTITUTION	A	REA CODE/PHO	ONE	BANK ACCOUNT	TNUMBER		DATE OPER	VED
El Dorado Bank		(760)43	6-5226				11/3/9	۵2
ADDRESS CITY	S	TATE	ZIP CODE		NDS		1 11/3/	7.2
135 Saxony Rd., Encinitas, CA 92024				Any surp	lus funds go t	o Paul E	larris 1	Fndn.
Primarily Formed Committee Primarily formed to support or oppose s	specific can	ndidates or me	asures in a single elect	tion. List below:	·			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	RLETTER)	CA	NDIDATE(S) OFFICE SO	OUGHT OR HELD OR M	EASURE(S) JURISDICTIO IY, AS APPLICABLE)	N		
			(INCLUDE DISTRIC	TINO, OILT ON COOK	I I, AO AFFEIDADES		CHECK	
			(INOLODE DISTAIC	THO., CITT ON COOK	II, AS AFFLICABLE)		CHECK	OPPOSE

	STATEMENT OF ORGANIZATION				
Recipient Committee	CALIFORNIA FORM	410			
INSTRUCTIONS ON REVERSE		ı			
COMMITTEE NAME	Page 3 I.D. NUMBER				
Friends of James Bond	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	. 111				
MAILING ADDRESS NO. AND STREET CITY STATE ZIP CODE					
Broad Based Committee					

- 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 <u>Information Manual on Campaign Disclosure Provisions of the Political Reform Act. for Elected Officers. Candidates and their Controlled Committees (Manual A).</u>
 - -- 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

Recipient Committee Campaign Statement				Oli Date Starr	RCINITA: P	ALILORNIA 460
Government Code Sections 84200 - 84216.5)				00 OCT5		nge1 of8
		Statement covers period	Date of Election if applicable:			A For Official Use Only
		from 07/01/2000	(Month, Day, Year)			-
		through 09/30/2000	11/07/2000			
1. Type of Recipient Comr	nittee:		2. Type of State	ment:		, , , , , , , , , , , , , , , , , , , ,
■ Officeholder, Candidate Controlled Committee	☐ Prima	arily Formed Candidate/ eholder Committee		nent ment nent	☐ Special ☐ Suppler	ly Statement Odd-Year Report nental Pre-election
☐ Ballot Measure Committee ○ Primarily Formed ○ Controlled ○ Sponsored	O Sp	oral Purpose Committee consored cad Based	☐ Amendment (Expla	in below)	Stateme	ent - Attach Form 495
C Cpccc.					·····	
3. Committee Information		I.D. NUMBER 961005	Treasurer(s)			
COMMITTEE NAME		301003	NAME OF TREASURER			
Friends of James Bond						
			John C. Lechleite	<u>r</u>		
			144 West D Street			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Encinitas	CA	92024	(760)753-1157
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		· · · · · · · · · · · · · · · · · · ·
	a.		•			,
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	P.O. BOX		MAILING ADDRESS			
СПУ	STATE ZIP	CODE AREA CODE/PHONE	СПҮ	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS			OPTIONAL: FAX/E-MAIL ADDRESS		·	· · · · · · · · · · · · · · · · · · ·
			enccpas@gltcpas.	com Fa	x: (760)75	53-5832

Recipient Committee Campaign Statement Cover Page - Part 2

	COVE	R PAGE - P	ART 2
(ALIFO FORM	PRNIA 4 (50
	oage	2 of	8

NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASUR	E		
James Bond					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NU	MBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	<u> </u>	SUPPORT
Encinitas City Council Member					OPPOSE
RESIDENTIAL IRLISINESS ADDRESS INO. AND STREET). CITY	STATE ZIR CODE	Identify the control	ng officeholder, candi	idate, or state measur	re proponent. If any
			CANDIDATE OR, PROPONENT		o propositing it daily.
Related Committees Not Included in this S	statement: List any committees	•			•
not included in this consolidated statement that are o	ontrolled by you or which are primarily	OFFICE SOUGHT OR HELD		0	STRICT NO. IF ANY
ormed to receive contributions or to make expenditu	res on behalf of your candidacy.				
OMMITTEE NAME	I.D. NUMBER	6 Deimorike C			
		6. Primarily F	ormea Comn	nittee	
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGH	HT OR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGH	HT OR HELD
TATE YTE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGH	HT OR HELD
Verification					
have used all reasonable diligence in preparing	and reviewing this statement and to	the hest of my knowled	ae the information co	ntained berein and in	the attached schod
s true and complete. I certify under penalty of pe					i ule attachied schedt
	9				
Executed on10/05/2000	602C	eeslecter			
Executed on 10/05/2000 DATE	By By	SIGNATURE OF TREAS	SURER OR ASSISTANT TREAS	URER	
·					
Executed on 10/05/2000 DATE	By SIGNATURE OF SCHOOL ING				
DATE	SIGNATURE OF STATE LING	OFFICEHOLDER, CANDIDATE,	STATE MEASURE PROPONER	VIT LIE MESITUNSIBLE OFFICI	EH OF SPONSOR
Evented on				•	
Executed onDATE	BySIGNATU	RE OF CONTROLLING OFFICER	IOLDER, CANDIDATE, STATE	MEASURE PROPONENT	
Executed on	By				
DATE		RE OF CONTROLLING OFFICE			

	B-Part I				Statement co	overs period	CALIFORNIS FORM	460
Loans Re	eceived				from07	/01/2000	FORM	
					through 09	/30/2000	Page 7	of8
NAME OF FILER	3				- ·		I.D. NUMBER	
James E	Bond, Friends of James Bond	d					961005	
D.47F	FULL NAME, MAILING ADDRESS AND ZIP CODE	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	LEN DUE DATE!	IDER INFORMATI		GUARANTOR I	
DATE RECEIVED	OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	TO DATE
08/08/2000	James Bond	★ IND	Business	DUE DATE	329	CALENDAR YEAR		CALENDAR YEAR
		СОМ	Consultant	12/31/2001		329		\$
		ОТН	Self-employed	INTEREST RATE		OTHER		OTHER
	Lender Guarantor			0.000,		s		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		COM						
		† 		INTEREST RATE		OTHER	1	OTHER
	п	ОТН				\$		\$
	Lender Guerantor			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				DUEUATE		CALENDAR TEAM		CALENDAR TEAR
		СОМ				8		\$
		□ отн	·	INTEREST RATE		OTHER		OTHER
	Lender Guerantor			×		*		*
` '	PART 1 SUMMARY LINE 1		6111	BTOTAL \$	(a) 329.00		(b) O	Enter (b) on Summary Page.
	SUMMARY PAGE LINE 18		501	JIVIAL 4	329.00		,	Line 18 only.
	eived — Part I Summary	ماريطم واللامحة	o Possivad Post (-) -	ubtotolo \ ¢	329	.00		
I. LOANS OF	\$100 or more received this period. (In	ciude ali loan	is neceived Fart I (a) s	ubiolais.) \$.				
2. Amount r	received this period - unitemized loans	of less than \$	\$100	\$.	C	0.00		
3. Total loar	ns received this period. (Add Lines 1 a	nd 2.)		TOTAL \$.	329	0.00		
Loans Rec	eived — Part II Summary							
4. Loans of	\$100 or more repaid, forgiven, or paid	by a third pai	rty this period. (Include a	ll Part 2 (c)	_			•
subtotals.	. If forgiven or paid by a third party, als	so itemize the	transaction on Schedule	· A.)\$.	(0.00		
	nder \$100 repaid, forgiven or paid by a third party, include this amount on Sc				C	0.00		
6. Total loar	ns repaid, forgiven, or paid by a third p	arty this perio	od. (Add Lines 4 + 5)	TOTAL \$	(.	0.00		
7. Net chan	ge this period. (Subtract Line 6 from L	ine 3.)			320	0.00	•	
Enter the	net here and on the Summary Page,	Column A, Lir	1e Z	NEI Ş.	263			

Campaign Disclosure Statement Summary Page

Statement covers period from <u>07/01/2000</u>

CALIFORNIA 4

		through 09/30/2000	Page3 of8	ı
NAME OF FILER			I.D. NUMBER	ĺ
James Bond,	Friends of James Bond		961005	
0 1 1 1 D				,

NAME OF FILER	•					I.D. NUM	SER
James Bond, Friends of James	Bond					961	.005
Contributions Received		TC	Column A TAL THIS PERIOD TTACHED SCHEDULES)	Т	Column B* OTAL PREVIOUS PERIOD (SEE NOTE BELOW)		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	*Fro	om previous statement Su	mmary Pag	ge, Column C.
13. Cash Receipts	Column A, Line 3 above		2,104,00		vever, if this is the first re umn B should be blank e		
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00		ns Made (Line 7), and Ac		
15. Cash Payments	Column A, Line 8 above	***************************************	341.53		· · · · · · · · · · · · · · · · · · ·		
16. ENDING CASH BALANCE Add Line	s 12 + 13 + 14, then subtract Line 15	\$	2,073.47				
If this is a Termination Statement, Line 16 must	be zero.						
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$	0.00	· Si	ummary for Can nd November Eic	didates ections	in Both June
Cash Equivalents and Outstanding D	Debts			-	1/1 thr	u 6/30	7/1 to Date
18. Cash Equivalents		\$	0.00	20	. Contributions Received \$	5,260	(3,160)
19. Outstanding Debts Ad	d Line 2 + Line 9 in Column C above	\$	5,232.00	21	. Expenditures Made \$	0	343

Schedule Monetary	A Contributions Received				1/2000 FOR	
NAME OF FILER				through 09/30	0/2000 Page_	4 of8
James B						1005
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	IND COM OTH	CEO/Manager Carltas Co.	100.00	100.00	0.00 (P 100.00 (G
09/01/2000	Diane Calkins 1440 Paseo De Las Flores Leucadia, CA 92024	IND COM OTH	Housewife	100.00	100.00	0.00 (P 100.00 (G
09/01/2000	Zlaine Coambes-Machado 1055 Neptune Ave. Encinitas, CA 92024	IND COM OTH	Housewife	100.00	100.00	0.00 (P) 100.00 (G)
09/01/2000	Kenneth DeGroot 3162 Via de Caballo Olivenhain, CA 92024	IND COM 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	IND COM OTH	Business Consultant Self-employed	100.00	100.00	0.00 (P 100.00 (G
			SUBTOTAL \$	500.00		
1. Amount rec (Include all 2. Amount rec (Do not ite 3. Total mone	ceived this period - contributions of \$100 or more. 1 Schedule A subtotals.)	••••••••••••	\$ <u> </u>	1,700.00 75.00 1,775.00		

Schedule	A (Continuation	n Sheet)
Monetary	Contributions F	Received

NAME OF FILER

James Bond, Friends of James Bond

961005

James E	ond, Filends of James Bond				20.	1005
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 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	IND COM OTH	Contractor/Council Member DuVivier Company	100.00	100.00	0.00(100.00(
09/29/2000	Kathryn DuVivier 1182 Rancho Encinitas Dr. Encinitas, CA 92024	IND COM OTH	Homemaker	100.00	100.00	0.00(100.00(
09/30/2000	Lisbeth Ecke 5600 Avenida Encinitas, #100 Carlsbad, CA 92008	IND COM OTH	Leasing Manager Carltas Co.	100.00	100.00	0.00(100.00(
09/01/2000	Chris Frahm 4415 Sunset Bluffs Way San Diego, CA 92130	IND COM OTH	Attorney Hatch & Parent Co.	100.00	100.00	0.00(100.00(
09/01/2000	Elaine Halliday 4285 Ibis St. San Diego, CA 92103	IND □ COM □ OTH	Housewife	100.00	100.00	0.00(100.00(
09/01/2000	Katie Halliday 1250B Cleveland Ave., #322 San Diego, CA 92103	IND □ COM □ OTH	Owner/Property Manager Self-employed	100.00	100.00	0.00(100.00(

SUBTOTAL \$

600.00

Schedule	A (Continuation	on Sheet)
Monetary	Contributions	Received

NAME OF FILER

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)
09/01/2000	Robert Halliday 4285 Ibis St. San Diego, CA 92103	IND COM OTH	Owner Halliday Management	100.00	100.00	0.00(100.00(
09/01/2000	Robin Halliday 3830 First Ave. San Diego, CA 92103	IND COM OTH	Teacher San Diego Unified School District	100.00	100.00	0.00(100.00(
09/01/2000	Francesca Krauel P.O. Box 420189 San Diego, CA 92142	IND ☐ COM ☐ OTH	Attorney Nugent & Newnham	100.00	100.00	0.00(100.00(
09/01/2000	Ed Machado 1055 Neptune Ave. Encinitas, CA 92024	IND COM OTH	Writer Self-employed	100.00	100.00	0.00(100.00(
09/30/2000	Jay Sarno 1965 Avenida La Posta Encinitas, CA 92024	IND COM OTH	Owner Crescent Design	100.00	100.00	0.00(100.00(
09/30/2000	John White 1288 Rancho Encinitas Drive Olivenhain, CA 92024	∦ IND ☐ COM ☐ OTH	President Carltas Co.	100.00	100.00	0.00(100.00(

SUBTOTAL \$

600.00

Schedule E **Payments Made**

campaign literature and mailings

MTG meetings and appearances

Statement covers period CALIFORNIA **FORM** 07/01/2000 through 09/30/2000 I.D. NUMBER

NAME OF FILER James Bond, Friends of James Bond 961005

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

CMP campaign paraphernalia/misc. office expenses CNS campaign consultants PET petition circulating CTB contribution (explain nonmonetary)* PHO phone banks CVC civic donations POL polling and survey research FND fundraising events POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)*

professional services (legal, accounting) 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)

SUBTOTAL \$

329.00

*Payments that are contributions or independent expenditres 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
City of Encinitas 505 S. Vulcan Ave. Encinitas, CA 92024	СМР	Filing Fee and	l Candidate's Statement	329.00
			,	

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$329.0	0
2. Unitemized payments made this period of under \$100.	\$ 12,5	<u></u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$0.0	0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL

0.00

341.53

341.53

0.00

0.00

0.00 341,53

7/1 to Date

1775

341

Campaign Disclosure Statement **Summary Page**

AS AMENDED

Statement covers period CALIFORNIA FORM 07/01/2000 through 09/30/2000

1/1 thru 6/30

O

20. Contributions

21. Expenditures

Received \$

Made \$__

0.00

5,232.00

Amendment Run Date: 10/24/2000

NAME OF FILER I.D. NUMBER James Bond. Friends of James Bond 961005 Contributions Received Column A Column B* Column C **TOTAL THIS PERIOD** TOTAL PREVIOUS PERIOD TOTAL TO DATE (FROM ATTACHED SCHEDULES) (SEE NOTE BELOW) (ADD COLUMNS A+ B) 1,775.00 1,775.00 329.00 4,903.00 5,232.00 2,104.00 4,903.00 7,007.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00 0.00 2,104.00 4,903.00 7.007.00 **Expenditures Made** 341.53 0.00 0.00 0.00 341.53 0.00 0.00 0.00 0.00 0.00 341.53 0.00 **Current Cash Statement** 311.00 *From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year. 2,104.00 Column B should be blank except for Loans Received (Line 2), 0.00 Loans Made (Line 7), and Accrued Expenses (Line 9). 341.53 If this is a Termination Statement, Line 16 must be zero. **Summary for Candidates in Both June and November Elections** 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts Add Line 2 + Line 9 in Column C above \$ ____

Campaign Disclosure Statement Summary Page

AS ORIGINALLY FILED

Statement covers period

CALIFORNIA Z

	VIIIW			hrough <u>09/30/</u>	2000	Page	3 of	8
NAME OF FILER						I.D. NUMB		
James Bond, Friends of James Bond						9610	05	
Contributions Received		Column A TOTAL THIS PERI (FROM ATTACHED SCH	IOD	Column B TOTAL PREVIOUS PI (SEE NOTE BELO	ERIOD ·	TC	COLUMNS A + B)	
1. Monetary Contributions	tule A, Line 3	\$1.77	75.00	\$	0.00	\$	1.775	5.0
2. Loans Received	fule B, Line 7	3;	29.00	4.9	03.00		5,232	2.0
3. SUBTOTAL CASH CONTRIBUTIONS	ld Lines 1 + 2	\$2,10	04.00	\$4,9	03.00	\$	7,007	7.0
4. Non-monetary Contributions	fule C, Line 3		0.00		0.00			0.0
5. TOTAL CONTRIBUTIONS RECEIVED	ld Lines 3 + 4	\$ 2.10	04.00	\$	03.00	\$	7,007	7.0
Expenditures Made								
6. Cash Payments Sched	fule E, Line 4	\$ 34	41.53	\$	0.00	\$	341	1.5
7. Loans MadeSched	fule H, Line 7		0.00		0.00			0.0
B. SUBTOTAL CASH PAYMENTS	ld Lines 6 + 7	\$34	41.53	\$	0.00	\$	341	1.5
9. Accrued Expenses (Unpaid Bills)	dule F, Line 3		0.00		0.00			0.0
10. Nonmonetary Adjustment	dule C, Line 3		0.00		0.00			0.0
11. TOTAL EXPENDITURES MADE	es 8 + 9 + 10	\$34	41.53	\$	0.00	\$	341	1,5
Current Cash Statement								
12. Beginning Cash Balance Previous Summary F	-			*From previous sta	tement Sur	mmary Page	, Column C.	
13. Cash Receipts Column A,	Line 3 above	2,10	04.00	However, if this is t Column B should b	the first rep	ort filed for the	ne calendar ye:	ar,
14. Miscellaneous Increases to Cash	dule I, Line 4		0.00	Loans Made (Line	7), and Acc	rued Expens	ses (Line 9).	31 10 4
15. Cash Payments	Line 8 above	34	41.53					
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then sul	btract Line 15	\$ 2.0	73.47					
If this is a Termination Statement, Line 16 must be zero.								
17. LOAN GUARANTEES RECEIVED Schedule B, Part	1, Column (b)	\$	0.00	Summary for and Novem	or Cand ber Ele	lidates i ctions	n Both Ju	ıne
Cash Equivalents and Outstanding Debts					1/1 thru	ı 6/3 0	7/1 to Da	ate
18. Cash Equivalents	***************************************	\$	0.00	20. Contributions Received \$		5,260	(3,1	
19. Outstanding Debts Add Line 2 + Line 9 in Coll	umn C above	\$ 5,23	32.00	21. Expenditures				24

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

OOOT 26 PM 2: 42

FORM 460

Page	1	of_	7
Α	For Officia	al Us	e Only

from 10/01/2000

(Month, Day, Year)

Date of Election if applicable:

. Type of Recipient Commi	ttee:		-	2. Type of Stateme	nt:		
☐ Officeholder, Candidate ☐ Primarily Formed Candidate/ Controlled Committee Officeholder Committee		☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-Year ☐ Termination Statement ☐ Supplemental Pre					
☐ Ballot Measure Committee ○ Primarily Formed ○ Controlled ○ Sponsored	O Sp	eral Pu consore coad Ba	rpose Committee ed ased	Amendment (Explain be	low)	Stater	nent - Attach Form 495
. Committee Information		I.D. NU 96	MBER 1005	Treasurer(s)			
COMMITTEE NAME				NAME OF TREASURER			
Friends of James Bond				John C. Lechleiter			
				MAILING ADDRESS	······································		
				144 West D Street			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Encinitas	CA	92024	(760)753-115
CITY STA	TE ZIP	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
WALL THE TARK ON (WALL THE THE THE THE COUNTRY OF THE COMMENTS				MAILING ADDRESS			
CITY STA	TE ZIP	CODE	AREA CODE/PHONE	ату	STATE	ZIP CODE	AREA CODE/PHONE
				•			•

Recipient Committee Campaign Statement Cover Page - Part 2

COVE	R PAGE - P	ART 2
CALIFO FORM	ORNIA 4 (50
Page	2 of	7

		NAME OF BALLOT MEASUR	2		
Tames Bond					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	(BER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Incinitas City Council Member				OPPOSE	
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZID CODE	identify the controlli	ng officeholder, candi	riate, or state measur	
			CANDIDATE OR, PROPONENT		o proponone, n any.
lelated Committees Not Included in this St	tatement: List any committees				
ot included in this consolidated statement that are co	ntrolled by you or which are primarily	OFFICE SOUGHT OR HELD		Di	STRICT NO. IF ANY
rmed to receive contributions or to make expenditure	s on behalf of your candidacy.				
OMMITTEE NAME	I.D. NUMBER	6. Primarily F	ormed Comm	vittee	
		O. I Initiality I		iii.tee	
AME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER (OR CANDIDATE	OFFICE SOUGH	T OR HELD
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICE IOLDER			
OTTILL NODELES (NO P.C. BOX)		NAME OF OFFICEHOLDER O	A CANDIDATE	OFFICE SOUGH	T OR HELD
TTY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER O	OR CANDIDATE	OFFICE SOUGH	TORUSIA
				01,102 000GH	TORNELD
3.1 . c					
Varitication					
have used all reasonable diligence in preparing a	and reviewing this statement and to the	he best of my knowledge	ge the information cor	ntained herein and in	the attached schedu
have used all reasonable diligence in preparing a	and reviewing this statement and to t jury under the laws of the State of Ca	he best of my knowled alifornia that the forego	ge the information cor ing is true and correct	ntained herein and in	the attached schedu
have used all reasonable diligence in preparing a true and complete. I certify under penalty of per	jury under the laws of the State of Ca	the best of my knowled alifornia that the forego	ge the information cor ing is true and correct	ntained herein and in	the attached schedu
have used all reasonable diligence in preparing a	and reviewing this statement and to to the jury under the laws of the State of Ca	alifornia that the forego	ing is true and correct		the attached schedu
have used all reasonable diligence in preparing a strue and complete. I certify under penalty of per	jury under the laws of the State of Ca	alifornia that the forego	ge the information coring is true and correct		the attached schedu
have used all reasonable diligence in preparing a true and complete. I certify under penalty of period $\frac{10/26/2000}{\text{DATE}}$	jury under the laws of the State of Ca	ecolotics SIGNATURE OF TREAS	urer or assistant treasu	JRER	
have used all reasonable diligence in preparing a true and complete. I certify under penalty of per	jury under the laws of the State of Ca	ecolotics SIGNATURE OF TREAS	urer or assistant treasu	JRER	
have used all reasonable diligence in preparing a true and complete. I certify under penalty of period in true and certification in true and certi	By SIGNATURE OF CONTRIBUTING	ecolotics SIGNATURE OF TREAS	urer or assistant treasu	JRER	
have used all reasonable diligence in preparing a true and complete. I certify under penalty of period $\frac{10/26/2000}{\text{DATE}}$	By SIGNATURE OF CONTROLLING	ecolotics SIGNATURE OF TREAS	URER OR ASSISTANT TREASU	JRER T OR RESPONSIBLE OFFICE	
Executed on	By SIGNATURE OF CONTROLLING	alifornia that the forego	URER OR ASSISTANT TREASU	JRER T OR RESPONSIBLE OFFICE	

Occupation Division and					s	UMMARY PAG
Campaign Disclosure Statement Summary Page			Statement covers	period	CALIFOR	NI 460
Cullinary i age			from10/01/	/2000	FORM	700
			through_10/21/	/2000	Page	_3 of
NAME OF FILER			1		I.D. NUMBE	
James Bond, Friends of James Bond					9610	05
Contributions Received		COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B TOTAL PREVIOUS P (SEE NOTE BELC	ERIOD	TO	Olumn C TAL TO DATE COLUMNS A + B)
1. Monetary Contributions	le A, Line 3	\$ 1,558.00	\$1.7	75.00	\$	3,333.0
2. Loans Received	le B, Line 7	0.00	5,2	32.00		5,232.0
3. SUBTOTAL CASH CONTRIBUTIONS	Lines 1 + 2	\$ 1,558.00	\$ 7,0	07.00	\$	8,565.0
4. Non-monetary Contributions	le C, Line 3	0.00	-	0.00		0.0
5. TOTAL CONTRIBUTIONS RECEIVED	Lines 3 + 4	\$1,558.00	\$7,0	07.00	\$	8,565.0
Expenditures Made						
6. Cash Payments	le E, Line 4	\$1,013.00	\$3	41.53	\$	1,354.5
7. Loans Made	le H, Line 7	0.00		0.00		0.0
8. SUBTOTAL CASH PAYMENTS Add	Lines 6 + 7	\$ 1,013.00	\$3	41.53	\$	1,354.5
9. Accrued Expenses (Unpaid Bills)	le F, Line 3	0.00		0.00		0.0
10. Nonmonetary Adjustment	le C, Line 3	0.00		0.00		0.0
11. TOTAL EXPENDITURES MADE Add Lines	8+9+10	\$ 1,013.00	\$3	41.53	\$	1,354.5
Current Cash Statement						
12. Beginning Cash Balance Previous Summary Pag	ge, Line 16	\$ 2,073.47	*From previous sta	tement Sur	nmary Page.	Column C.
13. Cash Receipts Column A, Li	ne 3 above	1,558.00	However, if this is t	he first repo	ort filed for the	e calendar year,
14. Miscellaneous Increases to Cash	ile I, Line 4	0.00	Column B should b Loans Made (Line)			
15. Cash Payments	ne 8 above	1,013.00			•	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtra	act Line 15	\$ 2,618.47				•
If this is a Termination Statement, Line 16 must be zero.		-				· · · · · · · · · · · · · · · · · · ·
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, 6	Column (b)	\$0.00	Summary for and Novem	or Cand ber Elec	idates in ctions	Both June
Cash Equivalents and Outstanding Debts			-	1/1 thru	6/30	7/1 to Date
18. Cash Equivalents		\$0.00	20. Contributions Received \$		0	3,333
19. Outstanding Debts	n C above	\$5,232.00	21. Expenditures Made \$		0	1,355

O = l= = -1; -1 =	A						SCHEDULE A
Schedule Monetary	A Contributions Received		Statement cove	rs period			
,				from10/0:	1/2000	2000	
WALE OF SUPE				through 10/2	1/2000 p	age	4 of7
NAME OF FILER					1.	.D. NUMI	3ER
James E	Bond, Friends of James Bond	T	<u> </u>			961	005
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 CALENDAR YE (JAN 1 - DEC	EAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/17/2000	Robert Booker 3451 Toscano Court	★ IND	CEO	100.00	100	0.00	0.00(F
	Olivenhain, CA 92024	СОМ	Bench Pacific				100.00(0
		ОТН	Company				
10/05/2000	Paul Ecke	* IND	Flower Grower	100.00	100	0.00	0.00(F
	P.O. Box 230488 Encinitas, CA 92023	СОМ	Self-employed				100.00(
		□ ОТӉ					
10/05/2000		* IND	Owner	100.00	100	0.00	0.00(P
	5600 Avenida Encinas, #100 Carlsbad, CA 92008	СОМ	Ecke Ranch				100.00(0
		□ отн					
10/14/2000	Glen Friedman 6818 Luciernaga Ct.	* IND	Manager	100.00	100	0.00	0.00(P
	Carlsbad, CA 92009	СОМ	Encinitas Ford				100.00(G
		□ отн					
10/02/2000	Robert Grice	* IND	Retired	100.00	100	00.0	0.00(P
	3184 Via de Caballo Encinitas, CA 92024	□сом					100.00(G
		ОТН					
			SUBTOTAL \$	500.00			
Monetary Co	ontributions Summary						
1. Amount rec	eived this period - contributions of \$100 or more. Schedule A subtotals.)		ø	1 200 00			
2. Amount rec	eived this period - contributions of less than \$100.			1,200.00			
Total monet	nize.)tary contributions received this period.			358.00			
(Add Lines	1 and 2. Enter here and on the Summary Page, Colum	ın A, Line 1.)	TOTAL \$	1,558.00			

Schedule A (Continuation Sheet)
Monetary Contributions Received Statement covers period CALIFORNIA FORM from 10/01/2000 through 10/21/2000 NAME OF FILER I.D. NUMBER James Bond. Friends of James Bond 961005

James Bond, Filends of James Bond						1005
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	IND ☐ COM ☐ OTH	Owner Don Hubbard Contracting Co., Inc.	100.00	100.00	0.00(100.00(
10/01/2000	Dorothy Hubbard 1015-A Linda Vista Dr. San Marcos, CA 92069	IND COM OTH	Housewife	100.00	100.00	0.00(100.00(
10/06/2000	Patrick O'Connor 449 Sheffield Ave. Cardiff By The Sea, CA 92007	IND COM OTH	Retired	100.00	100.00	0.00(100.00(
10/09/2000	Richard Scott 1665 Meadow Glen Lane Encinitas, CA 92024	IND COM OTH	Retired	100.00	100.00	0.00(100.00(
10/13/2000	Mark Wheeler P.O. Box 230945 Encinitas, CA 92024	IND ☐ COM ☐ OTH	Owner Encinitas Ford	100.00	100.00	0.00(100.00(
10/12/2000	Bruce Wiegand 1060 Wiegand Street Olivanhain, CA 92024	₩ IND COM OTH	Custom Home Builder Bruce D. Wiegand, Inc.	100.00	100.00	0.00(100.00(

SUBTOTAL \$

600.00

	A (Continuation Sheet) Contributions Received	from 10/01 through 10/21	ORNE 460				
NAME OF FILER		· . •				Page	
James B	ond, Friends of James Bond					961	1005
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 T CALENDAR' (JAN 1 - DE	YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/05/2000	Daniel Wiegand P.O. Box 230515 Encinitas, CA 92024-0515	IND ☐ COM ☐ OTH	Retired	100.00	10	00.00	0.00(P 100.00(G
		☐ IND ☐ COM ☐ OTH		,			
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		☐ IND☐ COM☐ OTH					
			SUBTOTAL \$	100.00			

Schedule I	E
Payments	Made

Statement covers period CALIFORNIA Z FORM from ___10/01/2000

WEB information technology costs (internet, e-mail)

SUBTOTAL \$

1,000.00

		through 10/21/2000	Page 7 of 7
NAME OF FILER			I.D. NUMBER
James Bond,	Friends of James Bond		961005

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

	campaign paraphemalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks		t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research		candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services		staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)		transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads		voter registration
MTG	meetings and appearances	RAD			information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditres 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	
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT	-		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).)	\$
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)

CHY OFD	FUNE SUPPLY S
CHY	CLERK
JAN 31	PM 4: 2

CALIFORNIA 460

age____1 of ___11

		from	10/22/2000	(Month, Day, Year)			
		throu	12/31/2000	11/07/2000			
Type of Recipient Com	mittee:			2. Type of State	ment:		
☑ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Candidate/ Officeholder Committee		☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election					
☐ Ballot Measure Committee ○ Primarily Formed ○ Controlled ○ Sponsored	O Sp	ral Pui onsore oad Ba		☐ Amendment (Expla	ain below)	State	ement - Attach Form 495
Committee Information	1	I.D. NUI 96:	MBER 1005	Treasurer(s)			
OMMITTEE NAME				NAME OF TREASURER			
Friends of James Bond							
				John C. Lechleite	r		
				MAILING ADDRESS			
				144 West D Street			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP COD	E AREA CODE/PHONE
				Encinitas	CA	92024	(760)753-1157
CITY	STATE ZIP	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	FANY	·	
				•			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET (OR P.O. BOX			MAILING ADDRESS			
ату	STATE ZIP	CODE	AREA CODE/PHONE	CITY	STATE	ZIP COD	AREA CODE/PHONE
							()
OPTIONAL: FAX/E-MAIL ADDRESS				OPTIONAL: FAX/E-MAIL ADDRESS			

Recipient Committee Campaign Statement Cover Page - Part 2

COVE	R PAGE -	PART 2
CALILO FORM	rnia 4	60
Page	2 of	11

NAME OF OFFICEHOLDER OF CANDIDATE			NAME OF BALLOT MEASUR	E		
ames Bond						
FFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
ncinitas City Council	Member					OPPOSE
SIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY	STATE ZIP CODE	identify the controlli	ng officeholder, candid	late, or state measure	proponent, if any.
				CANDIDATE OR, PROPONENT		,,.
elated Committees Not Includ	ed in this Statement:	List any committees	-			
ot included in this consolidated statem			OFFICE SOUGHT OR HELD		DIST	RICT NO. IF ANY
rmed to receive contributions or to ma	ike expenditures on behalf	of your candidacy.				
OMMITTEE NAME		I.D. NUMBER			<u>I</u>	
			6. Primarily F	ormed Comm	littee	
AME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT	OR HELD
OMMITTEE ADDRESS STREET ADDRESS (N	IO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT	OR HELD
ITY	STATE ZIP CODE	E AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT	OR HELD
Verification have used all reasonable diligence strue and complete. I certify under p						ne attached scher
	• • • • • • • • • • • • • • • • • • • •					
1/30/20	·ň1 _	Anc 2	allesto.			
Executed on	001 ву	Azc.	SIGNATURE OF TREAS	URER OR ASSISTANT TREASL	RER	
Executed on	<u>01</u> By	Ac.	SIGNATURE OF TREAS	URER OR ASSISTANT TREASU	RER	
Executed on1/31/20	-,	Arc. J	me)			
1 / 21 / 20		SKIN SHE OF CONTROLLIN	SIGNATURE OF TREAS			OF SPONSOR
DATE Executed on1/31/20	-,	STATE OF CONTROLLING	me)			OF SPONSOR
Executed on	-,		G OFFICEHOLDER, CANDIDATE,	STATE MEASURE PROPONEN	T OR RESPONSIBLE OFFICER	OF SPONSOR
Executed on	001 By		me)	STATE MEASURE PROPONEN	T OR RESPONSIBLE OFFICER	OF SPONSOR
Executed on	001 By		G OFFICEHOLDER, CANDIDATE,	STATE MEASURE PROPONEN	T OR RESPONSIBLE OFFICER	OF SPONSOR

_				SUMMARY PAGE
Campaign Disclosure Statemer	nt		Statement covers period	CALIFORNIA 460
Summary Page			from10/22/2000	FORM 400
			through 12/31/2000	Page 3 of 11
NAME OF FILER				I.D. NUMBER
James Bond, Friends of James	mes Bond			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)
Monetary Contributions	Schedule A, Line 3	\$ 8,208.00	\$3,333.00	. \$11,541.0
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	\$ 6,670.6
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	\$ 6,670.63
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	\$ 6,708.63
Current Cash Statement				
12. Beginning Cash Balance	· ·	\$ 1,322.24	*From previous statement Su	ımmary Page, Column C.
13. Cash Receipts	Column A, Line 3 above	2,976.00		port filed for the calendar year, kcept for Loans Received (Line 2)
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	Loans Made (Line 7), and Ad	
15. Cash Payments	Column A, Line 8 above	4,019.85	L	
16. ENDING CASH BALANCE Add	Lines 12 + 13 + 14, then subtract Line 15	\$ 278.39		
If this is a Termination Statement, Line 16 r	must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$0.00	 Summary for Can and November Ek 	didates in Both June ections
Cash Equivalents and Outstandi	ng Debts		 1/1 thr	u 6/30 7/1 to Date
18. Cash Equivalents		\$0.00	20. Contributions Received \$	5,260 1,400
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above	\$0.00	21. Expenditures Made \$	0 6,671

J. 18.

Schedule	Δ	*					SOFIL DOLLE A	
	Contributions Received			Statement cover	-	CALIF) FORM	ORNEA 460	
-				from10/22				
	•			through_12/31	1/2000	Page_	4 of11	
NAME OF FILER						I.D. NUM		
James B	Bond, Friends of James Bond	<u> </u>	I IS AN INCOMPLIAN ENTER			963	1005	
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 CALENDAI (JAN 1 - D	RYEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
11/03/2000 Real Estate PAC California	IND	ID #890106	100.00	1	.00.00	0.00(
	525 S. Virgil Ave. Los Angeles, CA 90020	СОМ					100.00(G
	Æ OTH							
Vance Campbell 1796 Laurel Road Oceanside, CA 92054	* IND	Investor	100.00	1	00.00	·		
	СОМ	Self-ëmployed				100.00(G	
	□ отн							
10/25/2000	Judy Cunningham P.O. Box 3634 Rancho Santa Fe, CA 92067	IND ☐ COM ☐ OTH	Retired	100.00	1	.00.00	0.00(100.00(
11/01/2000	Maureen De St Croix 2243 Paseo Saucedal Carlsbad, CA 92009	IND ☐ COM ☐ OTH	Housewife	100.00	1	.00.00	0.00(100.00(
10/24/2000	Harley Denk 4329 Manchester Ave. Encinitas, CA 92024	IND COM OTH	Retired	100.00	1	.00.00	0.00(
			SUBTOTAL \$	500.00				
Monetary C	ontributions Summary							
I. Amount re	ceived this period - contributions of \$100 or more.		ø	1,400.00				
2. Amount re	l Schedule A subtotals.)ceived this period - contributions of less than \$100.							
(Do not ite: 3. Total mone	mize.)tary contributions received this period.	***************	\$ <u></u>	6,808.00				
(Add Lines	s 1 and 2. Enter here and on the Summary Page. Colum	nn A. Line 1.)	TOTAL \$	8,208.00				

Schedule	A (Continuation	on Sheet)
Monetary	Contributions	Received

NAME OF FILER

Statement covers period from $\frac{10/22/2000}{}$

CALIFORNIA 460

through 12/31/2000

Page 5 of 11

through_±2/3±/

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)
11/03/2000	Lori Estrada 418 Luenga Ave. Coral Gables, FL 33146	IND COM OTH	Housewife	100.00	100.00	0.00 (1 100.00 (0
10/23/2000	David Meyer P.O. Box 234293 Encinitas, CA 92023	IND COM OTH	Property Manager DCM Properties	100.00	100.00	0.00 (1 100.00 (6
11/03/2000	Rose Nemeth P.O. Box 1531 Rancho Santa Fe, CA 92067	IND COM OTH	Realtor Self-employed	100.00	100.00	0.00 (I 100.00 (C
11/03/2000	Wayne Pasco 2477 Montgomery Ave. Cardiff, CA 92007-2105	IND COM OTH	Engineer Pasco Engineering	100.00	100.00	0.00 (1 100.00 (0
11/03/2000	Marlene Pendleton 1312 Neptune Ave. Encinitas, CA 92024	IND COM OTH	Housewife	100.00	100.00	0.00 (I 100.00 (C
10/28/2000	John Robinson 507 W. A St. Encinitas, CA 92024	IND COM OTH	Telecom Consultant JDR Associates	100.00	100.00	0.00 (I 100.00 (C

SUBTOTAL \$

600.00

Schedule A (Continuation Sheet) Monetary Contributions Received					Statement covers period from10/22/2000		california 460	
				through 12/31	L/2000	Page_	6 of 11	
NAME OF FILER						I.D. NUM		
James B	ond, Friends of James Bond	(· · · · · · · · · · · · · · · · · · ·				96:	1005	L
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 CALENDA (JAN 1 - D	RYEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
10/24/2000	Reesey Shaw 7793 Senn Way	* IND	Executive Director	100.00		100.00	0.0 100.0	
	La Jolla, CA 92037	СОМ	Lux Art Institute				100.0	, (0
		□ отн						
11/03/2000	Tidelines Calendars P.O. Box 230431 Encinitas, CA 92024	☐ IND☐ COM☐ OTH		200.00	2	200.00	0.0 200.0	
		IND COM				1		-
•		☐ IND ☐ COM ☐ OTH						_
		☐ IND ☐ COM ☐ OTH						-
		☐ IND ☐ COM ☐ OTH						_
			SUBTOTAL \$	300.00				

	Schedule B - Part 1 Loans Received			Statement co	overs period	CALIFORNI: FORM	460	
LOSIIS IN					from10	/22/2000	FORM	700
					through 12	/31/2000	Page 7	of11
NAME OF FILE	R					-	I.D. NUMBER	
James	Bond, Friends of James Bond	i					961005	
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER		NDER INFORMAT			INFORMATION
DATE RECEIVED	OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		□сом				\$		\$
		_ □ отн		INTEREST RATE		OTHER		OTHER
•	☐ Lender ☐ Guerantor					\$		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		COM						
		ОТН		INTEREST RATE		OTHER		OTHER
	Lender Guerantor			%		\$		\$
***************************************				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		СОМ		INTEREST RATE		OTHER		OTHER
		□ отн						
	Lender Guarantor			1	(-)			5-1
• •	PART 1 SUMMARY LINE 1 SUMMARY PAGE LINE 18		SUI	BTOTAL \$	(a) 0.00		(b) 0	Enter (b) on Summary Page. Line 18 only.
	eived – Part I Summary							Cite to Gray.
	\$100 or more received this period. (Inc	olude all Loan	s Received Part I (a) s	ubtotals.) \$.	C	0.00		
2. Amount i	received this period - unitemized loans	of less than \$	3100	\$	C	0.00		
	•					0.00		
3. I OTALIOA	ns received this period. (Add Lines 1 a	na 2.)	•••••	. IOIAL \$.		7.00		
	eived — Part II Summary							
4. Loans of	\$100 or more repaid, forgiven, or paid If forgiven or paid by a third party, als	by a third par	ty this period. (Include a	II Part 2 (c)	5,232	2.00		
5. Loans un	nder \$100 repaid, forgiven or paid by a	third party. (D	o not itemize.) If forgive	n or				
paid by a	third party, include this amount on Scl	nedule A Sum	ımary, Line 2	\$.		0.00		
6. Total loa	ns repaid, forgiven, or paid by a third p	arty this perio	d. (Add Lines 4 + 5)	TOTAL.\$	(5,232	2.00		
7. Net chan	nge this period. (Subtract Line 6 from Li o net here and on the Summary Page, (ne 3.)			(5,232.	00)		

Schedule B - Part II Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

 Statement covers period from __10/22/2000
 CALIFORNIA 460

 through _12/31/2000
 Page ___ 8 of __11

 I.D. NUMBER

NAME OF FILER

James Bond, Friends of James Bond

961005

James b	Ond, FL.	rends of James Bond			1 3010	0.5
DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPLE (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
11/24/2000	08/08/2000	James Bond		329.00	0.00	0.0
11/24/2000	12/31/1996	James Bond		4,903.00	0.00	0.00
•						
(c) TOTALS TO F	PART II SUMMAR	Y LINE 4		(c)	TOTAL INTEREST	(d)

Schedule B - Part III Annual Report of Outstanding Loans R	Statement covers period from 10/22/2000	FORM 460		
			through 12/31/2000	Page 9 of 11
NAME OF FILER	I.D. NUMBER			
James Bond, Friends of James Bond	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

Non-Mone	etary Contributions Received				Statement cover from $\frac{10/22}{\text{through}}$	/2000	Page_	10 of 11
James B		d						.005
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 SELFEMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CALEND	VE TO DATE VAR YEAR DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		☐ IND ☐ COM ☐ OTH						
		☐ IND ☐ COM ☐ OTH			·			
		☐ IND ☐ COM ☐ OTH						
		☐ IND ☐ COM ☐ OTH						
		☐ IND ☐ COM ☐ OTH						
			SUBTO	OTAL \$	0.00			
1. Amount rec (Include all 2. Amount rec (Do not iter	ceived this period - non-monetary contributions Summary Schedule C subtotals.) ceived this period - non-monetary contributize.)	utions of less	than \$100.		0.00			
(Add Lines	1 and 2. Enter here and on the Summary	Page, Colum	n A. Line 4.)TO	S LATC	38.00			

Schedule E
Payments Made

Statement covers period from 10/22/2000

through 12/31/2000

FORM 460

NAME OF FILER

James Bond, Friends of James Bond

I.D. NUMBER

961005

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

RC candidate travel, lodging and meals (explain)
RS staff/spouse travel, lodging and meals (explain)

F transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditres 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
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

- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 4,019.8

AS AMENDED

Statement covers period CALIFORNIA FORM 10/22/2000

through 12/31/2000	Page 11 of 11
NAME OF FILER	I.D. NUMBER
James Bond, Friends of James Bond	961005

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 independent expenditure supporting/opposing others (explain)* campaign literature and mailings

MTG meetings and appearances *Payments that are contributions or independent expenditres must also be summarized on Schedule D.

OFC office expenses PET petition circulating phone banks polling and survey research postage, delivery and messenger services 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) staff/spouse travěl, lodging and meals (explain)

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

SUBTOTAL \$

3,989.72

CODE OR DESCRIPTION OF I	PAYMENT AMOUNT PAID				
PRT	350.7				
LIT	1,106.0				
POS	2,533.0				
	PRT				

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 3,989.72 2. Unitemized payments made this period of under \$100. 30.13 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

AS ORIGINALLY FILED

Statement covers period CALIFORNIA / **FORM** 10/22/2000

		through 12/31/2000	Page11 of	11
NAME OF FILER			I.D. NUMBER	
James Bond,	Friends of James Bond		961005	

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 CNS campaign consultants petition circulating

CTB contribution (explain nonmonetary)* PHO phone banks

CVC civic donations polling and survey research FND fundraising events postage, delivery and messenger services

IND independent expenditure supporting/opposing others (explain)* professional services (legal, accounting)

campaign literature and mailings print ads MTG meetings and appearances 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)

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)

SUBTOTAL \$

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

NAME AND ADDRESS OF PAYEE OR CREDITOR	İ			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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

AMENDMENT

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.

CITY CLERK

california 405

01 JAN 31 PM 4: 25

State of California Fair Political Practices Commission.

i Name of Filer			Il Amendment Information
HAME OF FILER:		LD. NUMBER (IF APPLICABLE)	A. The following information amends campaign disclosure statement, Form No. 460
Friends of James Bo	ond	(IF AFFLICABLE)	•
		961005	executed on 10/26/2000 for the period 10/01/2000 through 10/21/2000 (MO,DAY,YR.) (MO,DAY,YR.) (MO,DAY,YR.)
MAILING ADDRESS OF FILER: (NO. AN	O STREET)		B. The amended information affects items on the:
		·	Cover Page Allocation Page Summary Page
CITY	STATE ZIP CO	DE	X Schedule(s) E Part(s)
			C. Describe the changes below. Include in detail all information you wish to become a part of
AREA CODE/DAYTIME PHONE			your official campaign statement. Please attach a cover page, summary page and/or
(760) 943 - 8628			appropriate schedule(s) to this Form 405 if necessary for clarification. include
NAME OF TREASURER IF RECIPIENT CO	DIMITTEE:		additional information on appropriately labeled continuation sheets.
John C. Lechleiter			(Number of sheets attached0 .)
PERMANENT ADDRESS OF TREASURER	t: (IF APPLICABLE) (NO. AND STREET)		Report is amended to include a disbursement of
144 West D Street	·		_ \$1,296.23 on Schedule E. Information was not
CITY	STATE ZIP ∞	DE	available when original report was prepared.
Encinitas	CA 920	24	Expense was for campaign signs.
AREA CODE/DAYTIME PHONE			
(760) 753 - 1157			_
III Verification			
I have used all reasonable dili	igence in preparing this statement. I have	reviewed the sta	atement and to the best of my knowledge the information contained herein and in the attached
			e State of California that the foregoing is true and correct.
•			
Executed on	/01 At Encinitas	, CA	By SIGNATURE OF TREASURER OR FILER
		-	e officer verification: I have used all reasonable diligence and to the best of my knowledge the
			I the statement and to the best of my knowledge the information contained herein is true and
	alty or perjury under the laws of the State		
Executed on $\frac{1/31}{}$			By
DATE	CITY AND STATI		SIGNATURE OF OFFICEHOLDER, CAMBIDATE, PROPONENT, OR RESPONSIBLE OFFICER
Executed on	At		_ By
DATE	CITY AND STATE	E	SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
Executed on	At		By
DATE	CITY AND STATE	E	SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Campaign Disclosure Statement Summary Page

NAME OF FILER

AS AMENDED

Statement covers period

from 10/01/2000

form 460

through 10/21/2000

I.D. NUMBER

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	\$ 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	\$ 2,309.23	\$ 341.53	\$ 2,650.76
7. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 2,309.23	\$ 341.53	\$2,650.76
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	\$2,309.23	\$ 341.53	\$ 2,650.76
Current Cash Statement				
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$2,073.47	*From previous statement Sur	mmary Page, Column C.
13. Cash Receipts	Column A, Line 3 above	1,558.00	However, if this is the first rep	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	Loans Made (Line 7), and Acc	cept for Loans Received (Line 2) trued Expenses (Line 9).
15. Cash Payments	Column A, Line 8 above	2,309.23		
16. ENDING CASH BALANCE Add Line	s 12 + 13 + 14, then subtract Line 15	\$ 1,322.24	•	
If this is a Termination Statement, Line 16 must	be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$0.00	Summary for Cand and November Ele	lidates in Both June ctions
Cash Equivalents and Outstanding I	Debts		1/1 thru	16/30 7/1 to Date
18. Cash Equivalents		\$0.00	20. Contributions Received \$	03,333
19. Outstanding Debts Ad	ld Line 2 + Line 9 in Column C above	\$ 5,232.00	21. Expenditures Made \$	0 2,651

Campaign Disclosure Statement Summary Page

Statement covers period from 10/01/2000

CMEHORNIA 46

through_10/21/2000

NAME OF FILER

James Bond, Friends of Jam				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	\$ 1,558.00	\$ 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			\$1,354.53
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	• • •		*From previous statement Su	
13. Cash Receipts	Column A, Line 3 above	1,558.00	•	port filed for the calendar year, keept for Loans Received (Line 2),
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	Loans Made (Line 7), and Ad	• • • • • • • • • • • • • • • • • • • •
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 m	nust be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$ 0.00	and November Ele	didates in Both June ections
Cash Equivalents and Outstanding	g Debts			ru 6/30 7/1 to Date
18. Cash Equivalents		\$ 0.00	20. Contributions Received \$	0 3,333
19. Outstanding Debts	. Add Line 2 + Line 9 in Column C above	\$5,232.00	21. Expenditures Made \$	0 1,355

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)*

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

LIT campaign literature and mailings

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

OL polling and survey research

OS 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)

S staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

961005

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
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

- 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

AS ORIGINALLY FILE through 10/21/2000

Statement covers period FORM 46

7 . 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.

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

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)

FRS 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)

SUBTOTAL \$

1,000.00

*Payments that are contributions or independent expenditres 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
TTA Company 4872 Alder Dr. San Diego, CA 92116	LIT			1,000.00

Schedule E Summary

- 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.

Date Stamp

CALIFORNIA 405

CALIFORNIA 405

A For Official Use Only
PM 2: 42

NAME OF FILER:			WHEER	A The fellowing information amonds approximately disclosure statement Formation (A60)
riends of James Bond		(IF.A	PPLICABLE)	A. The following information amends campaign disclosure statement, Form No. 460
eronds or damos bond			961005	executed on 10/05/2000 for the period 07/01/2000 through 09/30, (MO.DAY.YR.) (MO.DAY.YR.)
			 	B. The amended information affects items on the:
				☐ Cover Page ☐ Allocation Page ※ Summary Page
Y	STATE	ZIP CODE		Schedule(s) Part(s)
				C. Describe the changes below. Include in detail all information you wish to become a pa
EA CODE/DAYTIME PHONE				your official campaign statement. Please attach a cover page, summary page and/
				appropriate schedule(s) to this Form 405 if necessary for clarification. include
ME OF TREASURER IF RECIPIENT COMMITTEE:		,		additional information on appropriately labeled continuation sheets.
ohn C. Lechleiter				(Number of sheets attached)
RMANENT ADDRESS OF TREASURER: (IF APPLICAB	ILE) (NO. AND STREET)			Items 20 and 21 on the Summary Page reflected
14 West D Street				incorrect amounts because of software error.
Y	STATE	ZIP CODE		
ncinitas	CA	92024		
REA CODE/DAYTIME PHONE				
REA CODE/DAYTIME PHONE				
REA CODE/DAYTIME PHONE		·		
EA CODE/DAYTIME PHONE				
REA CODE/DAYTIME PHONE 760)753-1157				
EA CODE/DAYTIME PHONE 760)753-1157 erification		11		
EA CODE/DAYTIME PHONE 760)753-1157 erification have used all reasonable diligence in pr	reparing this statem	ent. I have revie	wed the state	ment and to the best of my knowledge the information contained herein and in the a
erification have used all reasonable diligence in prehedules is true and complete. I certify	under penalty of pe	rjury under the l	wed the state	ment and to the best of my knowledge the information contained herein and in the a
erification have used all reasonable diligence in prehedules is true and complete. I certify	under penalty of pe	rjury under the l	wed the state aws of the St	ate of California that the foregoing is true and correct.
erification have used all reasonable diligence in prochedules is true and complete. I certify to the course of th	under penalty of pe At Encini	rjury under the l tas, CA TY AND STATE	aws of the St	By SIGNATURE OF TREASURER OR FILER
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