

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

Statement covers period from <u>Jan 1, 1999</u> through <u>June 30, 1999</u>	Date Stamp <b>RECEIVED</b> JAN 2 1999 CITY CLERK CITY OF LOS ANGELES	CALIFORNIA 1999 <b>490</b> Page <u>1</u> of <u>5</u> For Official Use Only
Date of election if applicable: (Month, Day, Year)		

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement  
 Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
 Special Odd-Year Campaign Report  
 Semi-annual Statement  
 Termination Statement (Attach a completed Form 415 to this statement.)

I Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE  
Susan Hitchcock

OFFICE Sought OR FIELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)  
2443 MacArthur

CITY Los Angeles STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER  
Committee for Susan Hitchcock 941523

COMMITTEE ADDRESS (NO. AND STREET)  
2443 MacArthur

CITY Los Angeles STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE

NAME OF TREASURER  
Jerry L. Glenn

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
2443 MacArthur

CITY Los Angeles STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE (209) 745-4695

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

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 8-2-99 At Los Angeles, CA

By Jerry L. Glenn SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. 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 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 8-2-99 At Los Angeles, CA

By Susan Hitchcock SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICE ACT OF 1987, SEE INFORMATION MANUAL ON CAMPAIGN FINANCIAL REPORTING BY THE PUBLIC UTILITIES COMMISSION.

Campaign Disclosure Statement  
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>Jan 1, 1999</u>	CALIFORNIA DISCLOSURE FORM <b>490</b>
through <u>June 30, 1999</u>	
Page <u>2</u> of <u>5</u>	
I.D. NUMBER <u>961523</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan HITCHCOCK

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>227.42</u>	\$ _____	\$ _____
2. Loans Received	Schedule B, Line 7	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>227.42</u>	\$ _____	\$ _____
4. Non-monetary Contributions	Schedule C, Line 3	_____	_____	_____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>227.42</u>	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	_____	_____	_____
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>227.42</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>330.00</u>	\$ _____	\$ _____
9. Loans Made	Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ _____	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>330.00</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>111.60</u>
14. Cash Receipts	Column A, Line 3 above	<u>227.42</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>392.20</u>
16. Cash Payments	Column A, Line 10 above	<u>330.00</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>401.22</u>

If this is a termination statement, Line 17 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>227.42</u>	_____
22. Expenditures Made	\$ <u>330.00</u>	_____

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$ \_\_\_\_\_

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See Instructions on reverse \$ \_\_\_\_\_

20. Outstanding Debts Add Line 2 + Line 11 in Column C above \$ \_\_\_\_\_

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

Schedule  
Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from Jan 1 1997  
through July 1, 1999

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I.D. NUMBER  
961523

IDENTIFICATION NUMBER **490**

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If committee, in addition to committee's name and address, enter I.D. number or, if no I.D. number has been assigned, enter a treasurer's name and address)	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)
	SUSAN HITCHCOCK 2443 MACARTHUR PARKWAY LUBI, CA. 95242	VICE PRINCIPAL	227.42	227.42	
SUBTOTAL \$					

Monetary Contributions Summary

Amount received this period — contributions of \$ 100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_

Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 227.42

Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 227.42

Schedule F  
 Payments and Contributions  
 (Other Than Loans) Made

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

SCHEDULE E

Statement covers period		490
from <u>Jan 1 1999</u>		
through <u>June 30, 1999</u>	Page <u>4</u> of <u>5</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
<u>Susan Hitchcock</u>		<u>961523</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan Hitchcock

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |   |   |   |
|---|---|---|
| *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* -- BROADCAST ADVERTISING                                    | *G* -- GENERAL OPERATIONS AND OVERHEAD                      |
| *I* -- INDEPENDENT EXPENDITURES   | *N* -- NEWSPAPER AND PERIODICAL ADVERTISING                     | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* -- LITERATURE   | *O* -- OUTSIDE ADVERTISING                                      | *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|   | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |   |
|   | *F* -- FUNDRAISING EVENTS                                       |   |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>4001 News Sentinel</u> <u>125 N. School</u> <u>Logi, CA 95240</u>	<u>N</u>			<u>330.00</u>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 330.00

Payments and Contributions Made Summary

- |   |                        |
|---|------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                    | \$ <u>330.00</u>       |
| 2. Payments made this period of under \$100. (Do not itemize.)  | \$ _____               |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)         | \$ _____               |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)                   | \$ _____               |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line B.) | TOTAL \$ <u>330.00</u> |

Schedule  
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period  
from Jan 1, 1997  
through June 30, 1999

**490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

SUSAN HITCHCOCK

I.D. NUMBER

961523

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	<u>PAYMENT MADE TO STATEWIDE INFO SYSTEMS</u>	<u>CHECK NEVER CLEARED Bank</u>	<u>392.20</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 392.20

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period. .... \$ 392.20
2. Increases to cash under \$100 this period. (Do not itemize.) ..... \$ \_\_\_\_\_
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) ..... \$ \_\_\_\_\_
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) ..... TOTAL \$ 392.20