

Type or print in ink.

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

COVER PAGE - LONG FORM

RECEIVED  
 CALIFORNIA 490  
 1998 FORM

Date stamped  
 09 APR 22 AM 8:07

Statement covers period  
 from 1-1-99 through 6-30-99

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

Page 1 of 4  
 For Official Use Only

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.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

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.

NAME OF OFFICEHOLDER OR CANDIDATE  
 Stephen J. Mann

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

RESIDENTIAL OR BUSINESS ADDRESS  
 P.O. Box 648

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 LODI CA 95241 209-334-5943

COMMITTEE NAME  
 Committee to Elect Stephen J. Mann

COMMITTEE ADDRESS  
 P.O. Box 648

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 LODI CA 95241 SAME

NAME OF TREASURER  
 Robert A. Rocha

RESIDENTIAL OR BUSINESS ADDRESS  
 P.O. Box 731

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 Clements CA 95227 759-3867

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 7-21-99 at LODI, CA CITY AND STATE

Executed on \_\_\_\_\_ at \_\_\_\_\_ CITY AND STATE

Executed on \_\_\_\_\_ at \_\_\_\_\_ CITY AND STATE

Attach additional information on appropriately labeled continuation sheets.

By \_\_\_\_\_ SIGNATURE OF TREASURER

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

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

FOR INFORMATION RETURNED TO BE PROVIDED TO YOU BY MAIL TO THE DEPARTMENT OF REVENUE, P.O. BOX 3867, CLEMENTS, CA 95227

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

STATE OF CALIFORNIA  
CANDIDATE DISCLOSURE FORM 490

Page 2 of 4

I.D. NUMBER 922038

Statement covers period  
from 1-1-99  
through 6-30-99

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER OR CANDIDATE AND CONTROLLED COMMITTEE  
Stephen MAIN

Contributions Received

	Column A TOTAL THIS PERIOD (ADD 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		
2. Loans Received	Schedule B, Line 7		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2		
4. Non-monetary Contributions	Schedule C, Line 3		
5. SUBTOTAL CONTRIBUTIONS (Excludes Enforceable Promises)	Add Lines 3 + 4		
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7		
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6		
Expenditures Made			
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5		
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		

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	700
14. Cash Receipts	Column A, Line 3 above	401
15. Miscellaneous Increases to Cash	Schedule I, Line 4	
16. Cash Payments	Column A, Line 10 above	338
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	763

*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

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)		1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts				
19. Cash Equivalents	See Instructions on reverse		401	
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above		338	

Schedule  
Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from 1-1-99 through 6-30-99

Page 3 of 4

I.D. NUMBER  
922038

**490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Stephen MARR

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <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>	OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	CUMULATIVE TO DATE OTHER <small>(IF APPLICABLE)</small>
<u>2/3/99</u>	<u>B-TREM LOT 1</u>	<u>MEAC Estate Developer</u>	<u>401</u>	<u>401</u>	

SUBTOTAL \$ 401

Monetary Contributions Summary

Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 401

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

Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 401

Schedule E  
Payments and Contributions  
(Other Than Loans) Made

Type or print in ink.  
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to whole dollars.

Statement covers period		490
from	1-1-99	
through	6-30-99	Page 4 of 4
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Stephen Mann		922038

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

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
- \*N\* -- NEWSPAPER AND PERIODICAL ADVERTISING
- \*T\* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- \*O\* -- OUTSIDE ADVERTISING
- \*P\* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- \*I\* -- INDEPENDENT EXPENDITURES
- \*S\* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- \*L\* -- LITERATURE
- \*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	DESCRIPTION OF PAYMENT	AMOUNT PAID
DUNCAN PRESS COTI		ENVELOPES	102.36
Hutchings St. Square COTI		DONATIONS - NON-PROFIT	100

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 \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 202.36
2. Payments made this period of under \$100. (Do not itemize.)	\$ 136
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 \$ 238.36