

**Officeholder, Candidate and Controlled Committee Campaign Statement - Long Form**

(Government Code Sections 84900-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE - LONG FORM

Statement covers period from <u>1/1/99</u> through <u>6/30/99</u>	Date Stamp <b>RECEIVED</b> 99 JUN -2 AM 9:52 CITY CLERK CITY OF LODI	CALIFORNIA 1994 FORM <b>490</b>
Date of election if applicable: (Month, Day, Year) <u>NOT APPLICABLE</u>	Page <u>1</u> of <u>3</u> 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 Statement
- 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

JACK A SIEGLOCK

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

MEMBER, LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1702 TIMBERLAKE CIRCLE

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
LODI	CA	95242	209-368-6521

COMMITTEE NAME	I.D. NUMBER
CITIZENS FOR SIEGLOCK	943030

COMMITTEE ADDRESS (NO. AND STREET)

1702 TIMBERLAKE CIRCLE

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
LODI	CA	95242	209-368-6521

NAME OF TREASURER

LARRY M. SOLARI

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

P.O. BOX 1607

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
STOCKTON	CA	95201	209-943-2222

**II Other Committees Not Included in this Statement:**

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 schedule 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 7/29/99 At STOCKTON, CA  
DATE CITY AND STATE

By [Signature]  
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 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 7/29/99 At [Signature], CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

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

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

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

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL State of California Fair Political Practices Commission.

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/99</u>	CALIFORNIA 1994 FORM <b>490</b>
through <u>6/30/99</u>	
Page <u>2</u> of <u>3</u>	
I.D. NUMBER 943030	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
JACK A. SIEGLOCK  
CITIZENS FOR SIEGLOCK

**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	\$ -0-	\$ -0-	\$ -0-
2. Loans Received . . . . . Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1 + 2	-0-	-0-	-0-
4. Non-monetary Contributions . . . . . Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	-0-	-0-	-0-
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) . . . . . Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 5 + 6	-0-	-0-	-0-

**Expenditures Made**

8. Cash Payments (Other than Loans Made) . . . . . Schedule E, Line 5	\$ 7.00	\$ -0-	\$ 7.00
9. Loans Made . . . . . Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 8 + 9	7.00	-0-	7.00
11. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE . . . . . Add Lines 10 + 11	7.00	-0-	7.00

**Current Cash Statement**

13. Beginning Cash Balance . . . . . Previous Summary Page, Line 17	\$ 25.00
14. Cash Receipts . . . . . Column A, Line 3 above	-0-
15. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	-0-
16. Cash Payments . . . . . Column A, Line 10 above	7.00
17. ENDING CASH BALANCE . . . . . Add Lines 13 + 14 + 15, then subtract Line 16	18.00

*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 . . . . . \$	-0-	-0-
22. Expenditures Made . . . . . \$	7.00	-0-

**Cash Equivalents and Outstanding Debts**

19. Cash Equivalents . . . . . See instructions on reverse	-0-
20. Outstanding Debts . . . . . Add Line 2 + Line 11 in Column C above	-0-

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

**Schedule L  
Payments and Contributions  
(Other Than Loans) Made**

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

SCHEDULE

Statement covers period from <u>1/1/99</u>	CALIFORNIA 1994 FORM <b>490</b>
through <u>6/30/99</u>	Page <u>3</u> of <u>3</u>
I.D. NUMBER 943030	

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CITIZENS FOR SIEGLOCK

**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. | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING                     | "G" -- GENERAL OPERATIONS AND OVERHEAD                      |
| "I" -- INDEPENDENT EXPENDITURES                                                              | "O" -- OUTSIDE ADVERTISING                                      | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE                                                                            | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES             |
|                                                                                              | "F" -- FUNDRAISING EVENTS                                       |                                                             |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION B IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTALS**

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	_____
2. Payments made this period of under \$100. (Do not itemize.)	\$	_____ 7.00
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 8.)	<b>TOTALS</b>	_____ 7.00