

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

Type or print in ink.

COVER PAGE - LONG FORM

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

Phillip Pennino

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

Code City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Code CA 95242 (209) 942-1730

COMMITTEE NAME

Committee To Elect Phillip Pennino

I.D. NUMBER

902421

COMMITTEE ADDRESS (NO. AND STREET)

751 Dorchester Circle

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Code CA 95242 (209) 942-1730

NAME OF TREASURER

Matt McGladdery

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

751 Dorchester Circle

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Code CA 95240 (209) 334-3497

Statement covers period from <u>JAN. 1, 1998</u> through <u>June 30, 1998</u>	Date Stamp RECEIVED 08 JUL 27 PM 1:52 ALICE H. REICHEL CITY CLERK CITY OF LOS	CALIFORNIA 1998 FORM 490
Date of election if applicable: (Month, Day, Year) N/A	Page <u>1</u> of <u>2</u> For Official Use Only	

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 7/27/98 At Code CA

By Matt McGladdery
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 7/26/98 At Code CA

By Phillip Pennino
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from JANUARY 1
through JUNE 30th

CALIFORNIA
STATE FORM **490**

SEE INSTRUCTIONS ON REVERSE

Page 2 of 2

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Phillip Romo
Contributions Received

I.D. NUMBER

902421

	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	<u>0</u>	<u>0</u>	<u>0</u>
2. Loans Received	<u>0</u>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>0</u>	<u>0</u>	<u>0</u>
4. Non-monetary Contributions	<u>0</u>	<u>0</u>	<u>0</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	<u>0</u>	<u>0</u>	<u>0</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	<u>0</u>	<u>0</u>	<u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures Made			
8. Cash Payments (Other than Loans Made)	<u>0</u>	<u>0</u>	<u>0</u>
9. Loans Made	<u>0</u>	<u>0</u>	<u>0</u>
10. SUBTOTAL CASH PAYMENTS	<u>0</u>	<u>0</u>	<u>0</u>
11. Accrued Expenses (Unpaid Bills)	<u>0</u>	<u>0</u>	<u>0</u>
12. TOTAL EXPENDITURES MADE	<u>0</u>	<u>0</u>	<u>0</u>

Current Cash Statement

13. Beginning Cash Balance	<u>562</u>	Previous Summary Page, Line 17
14. Cash Receipts	<u>0</u>	Column A, Line 3 above
15. Miscellaneous Increases to Cash	<u>0</u>	Schedule I, Line 4
16. Cash Payments	<u>0</u>	Column A, Line 10 above
17. ENDING CASH BALANCE	<u>562</u>	Add Lines 13 + 14 + 15, then subtract Line 16

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	<u>0</u>	Schedule B, Part I, Column (b)	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts				
19. Cash Equivalents	<u>0</u>	See instructions on reverse	<u>0</u>	<u>0</u>
20. Outstanding Debts	<u>0</u>	Add Line 2 + Line 11 in Column C above	<u>0</u>	<u>0</u>

* 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

21. Contributions Received	<u>0</u>	1/1 through 6/30	7/1 to Date
22. Expenditures Made	<u>0</u>		