

Type or print in ink.

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form (Government Code Sections 83200-83216.5)

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 One-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

NAME OF OFFICEHOLDER/CANDIDATE

Stephens J. Mann

OFFICE ADDRESS (INCLUDE LOCATION AND DISTRICT NUMBER, IF APPLICABLE)

CITY COLLEGE

STREET ADDRESS

PO BOX 648

CITY

STATE

ZIP CODE

AALA COUNCIL DISTRICT PHONE

LODI CA 95241 368-6274

COMMITTEE TITLE (IF ANY)

committee to elect

Stephens J. Mann

COMMITTEE ADDRESS

PO BOX 648

CITY

STATE

ZIP CODE

AALA COUNCIL DISTRICT PHONE

LODI CA 95241 Same

NAME OF TREASURER

Robert A. Roche

TERMINAL ADDRESS OF THE SIGNER

PO BOX 731

CITY

STATE

ZIP CODE

AALA COUNCIL DISTRICT PHONE

Clement CA 95227 759-3867

Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and in the attached schedule in 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 1-05-99 DATE CITY AND STATE

By [Signature] SIGNATURE OF CANDIDATE/COMMITTEE

By [Signature] SIGNATURE OF CANDIDATE/COMMITTEE

By [Signature] SIGNATURE OF CANDIDATE/COMMITTEE

Statement covers period from 7-1-98 through 12-31-98

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

Signature of Treasurer: [Signature]

Title of Treasurer: CITY CLERK

Address of Treasurer: CITY OF LODI

Date Stamp RECEIVED

JUL 26 AM 9:23

Signature of Treasurer: [Signature]

Title of Treasurer: CITY CLERK

Address of Treasurer: CITY OF LODI

COVER PAGE - LONG FORM CALIFORNIA 490

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For Official Use Only

Other Committees Not Included in this Statement: list any other committee of which you have knowledge that are controlled by you and any or to make expenditure on behalf of your candidacy.

COMMITTEE NAME ID NUMBER

NAME OF TREASURER ID NUMBER

COMMITTEE ADDRESS ID NUMBER

CITY STATE ZIP CODE AALA COUNCIL DISTRICT PHONE

COMMITTEE NAME ID NUMBER

NAME OF TREASURER ID NUMBER

COMMITTEE ADDRESS ID NUMBER

CITY STATE ZIP CODE AALA COUNCIL DISTRICT PHONE

Attach additional information on appropriate to be held confidential, if any.

Signature of Treasurer: [Signature]

Title of Treasurer: CITY CLERK

Address of Treasurer: CITY OF LODI

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE
CALIFORNIA 490
STATE CAMPAIGN FINANCE ACT

Statement cover period
from 7-1-98
through 12-31-99

PAGE 2 of 5
I.O. NUMBER 922638

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICER OR CANDIDATE AND CONTRIBUTED COMMITTEE
Stephen S. AAPAK

	Column A TOTAL RECEIPTS (FROM ATTACHED SCHEDULES)	Column B TOTAL PAYMENTS MADE (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMN A, B)
1. Monetary Contributions	Schedule A, Line 1		
2. Loans Received	Schedule B, Line 1		
3. SUBTOTAL CASH CONTRIBUTIONS	ADD Lines 1 + 2		125
4. Non-monetary Contributions	Schedule C, Line 1		125
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	ADD Lines 1 + 4		125
6. Enforceable Promises (Exclude Loan Guarantees, line 18 below)	Schedule D, Line 1		125
7. TOTAL CONTRIBUTIONS RECEIVED	ADD Lines 5 + 6		125
Expenditures Made			
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	583	939
9. Loans Made	Schedule H, Line 7		
10. SUBTOTAL CASH PAYMENTS	ADD Lines 8 + 9	583	939
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5		
12. TOTAL EXPENDITURES MADE	ADD Lines 10 + 11	583	939
Current Cash Statement			
13. Beginning Cash Balance	Previous Summary Page, Line 12	1210	
14. Cash Receipts	Column A, Line 3 above	125	
15. Miscellaneous Increases to Cash	Schedule I, Line 4		
16. Cash Payments	Column A, Line 10 above	583	
17. ENDING CASH BALANCE	ADD Lines 13 + 14 + 15, then subtract Line 16	752	

* 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 9), 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		125
20. Outstanding Debts			583
21. Contributions Received			125
22. Expenditures Made			583

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

Schedule E
Payments and Contributions
(Other Than Loans) Made

Statement cover period
from 7-1-98
through 12-31-98

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I.D. NUMBER
922438

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICER/CLERK OR CANDIDATE AND CONTROLLED COMMITTEE
Stephen J. Moran

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
- *D -- INDEPENDENT EXPENDITURES
- *E -- LITERATURE
- *F -- BROADCAST ADVERTISING
- *G -- NEWSPAPER AND PERIODICAL ADVERTISING
- *H -- OUTSIDE ADVERTISING
- *I -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- *J -- GENERAL OPERATIONS AND OVERHEAD
- *K -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- *L -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO CANDIDATE'S NAME AND ADDRESS, THE I.D. NUMBER, IF HELD, UNDER THAT TITLE ASSIGNED, THEIR TREATMENT NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Postmaster 6001	0			160
Stockton Record	0		Subscriptions	135.77
HANK CHAN spaceworks	0			100

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE F. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 8 OF THE SUMMARY SECTION BELOW.

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 made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 395.77
Payments made this period of under \$100. (Do not itemize.)	\$ 187.60
Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$
Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$
Total payments made this period. (Add lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line B.)	TOTAL \$ 582.60