

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.)

Statement covers period from <u>July 1, 1998</u> through <u>September 30, 1998</u>	Date Stamp RECEIVED -5 PM 4:36	CALIFORNIA GOVERNMENT 490
Date of election if applicable: (Month, Day, Year) <u>November 3, 1998</u>	CITY CLERK CITY OF LODI	
Page <u>1</u> of <u>6</u>		For Official Use Only

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

NAME OF OFFICEHOLDER OR CANDIDATE
Susan Hitchcock

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

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

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 209-331-7547

COMMITTEE NAME I.D. NUMBER
Committee for Susan Hitchcock 961523

COMMITTEE ADDRESS (NO. AND STREET)
2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Galt CA 95632 209-331-7547

NAME OF TREASURER
Jerry L. Glenn

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

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 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 10/4/98 At Lodi, 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 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 10/4/98 At Lodi, CA

By Susan Hitchcock 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 <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>	490
	Page <u>2</u> of <u>6</u>
I.D. NUMBER 961523	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Committee for 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	\$ 4,752	\$ _____	\$ 4,752
2. Loans Received	Schedule B, Line 7	_____	\$ 1,000	\$ 1,000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 4,752	\$ _____	\$ 4,852
4. Non-monetary Contributions	Schedule C, Line 3	65	_____	65
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 4,817	\$ _____	\$ 5,817
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	_____	_____	_____
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 4,817	\$ 1,000	\$ 5,817

Expenditures Made		Column A	Column B*	Column C
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 230	\$ _____	\$ 230
9. Loans Made	Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 230	\$ _____	\$ 230
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 230	\$ _____	\$ 230

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 14
14. Cash Receipts	Column A, Line 3 above	\$ 4,752
15. Miscellaneous Increases to Cash	Schedule I, Line 4	_____
16. Cash Payments	Column A, Line 10 above	\$ 230
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 4,536

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)	\$ _____
Cash Equivalents and Outstanding Debts		
19. Cash Equivalents	See instructions on reverse	\$ _____
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 1,000

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	_____
22. Expenditures Made	\$ _____	_____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>	FORM 490 UNIFORM Page <u>3</u> of <u>6</u>
I.D. NUMBER 961523	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Committee for Susan Hitchcock

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 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)
7/28	Jerry L. Glenn 2443 MacArthur Parkway Lodi, CA 95242	City Manager City of Galt	\$1,500	\$1,510	
August	Evelyn Hitchcock 2145 W. Kettleman Lane, #118 Lodi, CA 95242	Retired	\$ 500	\$ 500	
September	Robert Kunnel 115 Orange Lodi, CA 95240	Retired	\$ 100	\$ 100	
September	Marilyn Field 624 Palm Lodi, CA 95240	Retired	\$ 100	\$ 100	

SUBTOTAL \$ 2,200

Monetary Contributions Summary

1. Amount received this period — contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 2,210
2. Amount received this period — contributions of less than \$100. (Do not itemize.)	\$ 2,542
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 4,752

**Schedule B — Part III
Annual Report of Outstanding Loans Received**

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

SCHEDULE B - Part III

Statement covers period from <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>	490
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee for Susan Hitchcock

I.D. NUMBER
961523

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Jerry L. Glenn	December 19, 1996	\$1,000	\$1,000	0
Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$ 1,000

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.

**Schedule C
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>	CALIFORNIA DISBURSEMENT 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Committee for Susan Hitchcock

I.D. NUMBER
961523

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 TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (I.D.N. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0

Non-Monetary Contributions Summary

- 1. Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
- 2. Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 65
- 3. Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL** \$ 65

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

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

SCHEDULE E

Statement covers period from July 1, 1998 through Sept. 30, 1998	CALIFORNIA DISASTERS 490
	Page 6 of 6
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Committee for Susan Hitchcock	
I.D. NUMBER 961523	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee for 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 (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)	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.S. Postal Service	G			\$128

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 \$ 128

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 128
2. Payments made this period of under \$100. (Do not itemize.)	\$ 102
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.)	\$ 230