

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form

Type or print in Ink.

COVER PAGE LONG FORM

(Government Code Sections 84200-84216.5)

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 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>SEPT. 30, 1998</u>	Date Stamp <b>RECEIVED</b> OCT-5 PM 1:57 CITY CLERK CITY OF LODI	CALIFORNIA 1994 FORM <b>490</b> Page <u>1</u> of <u>29</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/3/98</u>		

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

**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.

NAME OF OFFICEHOLDER OR CANDIDATE  
BOB JOHNSON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
COUNCILMEMBER - CITY OF LODI

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)  
1311 MIDVALE ROAD

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi CA 95240 (209) 334-0370

COMMITTEE NAME I.D. NUMBER  
COMMITTEE TO ELECT BOB JOHNSON 981839

COMMITTEE ADDRESS (NO. AND STREET)  
1311 MIDVALE ROAD

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi CA 95240 (209) 334-6717

NAME OF TREASURER  
BRUCE SASAKI

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
3026 ROSEWOOD DRIVE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi CA 95242 (209) 369-3548

COMMITTEE NAME I.D. NUMBER  
N/A

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  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 10/5/98 At Lodi, 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 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 10/5/98 At Lodi, 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

**Allocation Page — Part I  
Contributions and Independent Expenditures  
Made From Campaign Funds**

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

ALLOCATION - PART I

Statement covers period from <u>July 1, 1998</u> through <u>SEPT. 30, 1998</u>	<b>CALIFORNIA 1994 FORM 490</b>
Page <u>2</u> of <u>27</u>	I.D. NUMBER <u>981539</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHANSON

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	<u>N/A</u>						

\*See reverse regarding independent expenditures.

SUBTOTAL \$

**ALLOCATION — PART I SUMMARY**

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.  
(Include all Allocation Page — Part I subtotals.) ..... \$ NONE
- Contributions and independent expenditures under \$100 made this period from campaign funds.  
(Do not itemize.) ..... \$ NONE
- Total contributions and independent expenditures made this period from campaign funds.  
(Do not carry this total to the Summary Page.) ..... TOTAL \$ NONE

Allocation Page — Part II  
 Contributions and Independent Expenditures  
 Made From Personal Funds

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

ALLOCATION — PART II

Statement covers period  
 from July 1, 1998  
 through Sept 30, 1998

CALIFORNIA  
 REGISTRY FORM **490**  
 Page 3 of 27

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

COMMITTEE TO ELECT BOB JOHNSON

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	<u>N/A</u>						

\*See reverse regarding independent expenditures. SUBTOTAL \$ NONE

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) ..... \$ NONE
- Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.) ..... \$ NONE
- Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) ..... TOTAL \$ NONE

# 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>	CALIFORNIA 1998 FORM <b>490</b>
through <u>Sept. 30, 1998</u>	
Page <u>4</u> of <u>27</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

## 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	\$ <u>10,934.99</u>	\$ <u>-</u>	\$ <u>10,934.99</u>
2. Loans Received	Schedule B, Line 7	<u>500.00</u>	<u>-</u>	<u>500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>11,434.99</u>	\$ <u>-</u>	\$ <u>11,434.99</u>
4. Non-monetary Contributions	Schedule C, Line 3	<u>66.02</u>	<u>-</u>	<u>66.02</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>11,501.01</u>	\$ <u>-</u>	\$ <u>11,501.01</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	<u>NONE</u>	<u>-</u>	<u>NONE</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>11,501.01</u>	\$ <u>-</u>	\$ <u>11,501.01</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>2,674.82</u>	\$ <u>-</u>	\$ <u>2,674.82</u>
9. Loans Made	Schedule H, Line 7	<u>NONE</u>	<u>-</u>	<u>NONE</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>2,674.82</u>	\$ <u>-</u>	\$ <u>2,674.82</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	<u>NONE</u>	<u>-</u>	<u>NONE</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>2,674.82</u>	\$ <u>-</u>	\$ <u>2,674.82</u>

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>NONE</u>
14. Cash Receipts	Column A, Line 3 above	<u>11,434.99</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>10.20</u>
16. Cash Payments	Column A, Line 10 above	<u>2,674.82</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>8,770.45</u>

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

\* 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
18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ <u>NONE</u>
21. Contributions Received	\$ <u>-</u>	\$ <u>11,501.01</u>
19. Cash Equivalents	See instructions on reverse	\$ <u>NONE</u>
22. Expenditures Made	\$ <u>-</u>	\$ <u>2,674.82</u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>NONE</u>

Schedule A  
 Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
 from July 1, 1998  
 through Sept 30, 1998

CALIFORNIA  
 1998 FORM **490**

Page 45 of 27

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
COMMITTEE TO ELECT BOB JOHNSON

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)
7/1/98	EDWARD CRAIG P.O. BOX 260 Lodi, CA 95241	BUSINESS OWNER - FLORAL NURSERY WOODBRIDGE GARDENS	100.00	100.00	-
7/20/98	VERNA DAVIDSON 6455 E. HAIGHT ROAD Lodi, CA 95240	STUDENT	100.00	100.00	-
7/16/98	DR THOMAS G. SHOCK 1137 EDGEWOOD DRIVE Lodi, CA 95240	DOCTOR SHOCK & STROTT PODIATRY	100.00	100.00	-
7/15/98	DOREAN RICE P.O. BOX 2501 Lodi, CA 95241	MANAGER CREDIT BUREAU OF SAN JOAQUIN COUNTY	100.00	100.00	-
7/20/98	STANLEY FOSTER P.O. BOX 1939 Lodi, CA 95241	RETIRED	100.00	100.00	-
<b>SUBTOTAL \$</b>			<b>500.00</b>		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
 (Include all Schedule A subtotals.) ..... \$ 7,150.00
- Amount received this period — contributions of less than \$100.  
 (Do not itemize.) ..... \$ 3,784.99
- Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 10,934.99

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCH. LE A (cont.)

Statement covers period		CALIFORNIA DISFORM 490
from	July 1, 1998	
through	SEPT 30 1998	Page 6 of 27
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER 981839

COMMITTEE TO ELECT BOB JOHNSON  
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

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)
7/24/98	KEVIN KNUTSON 856 RANGE Way GALT, CA 95632	BAKERY MANAGER COTTAGE BAKERY	100.00	100.00	-
7/24/98	ROGER & BIFF SAFFONI 100 W. PINE STREET LODI, CA 95240	CLOTHIERS SQUIRE'S CLOTHIERS	200.00	200.00	-
7/24/98	MARILYN FIELD 624 PALM AVENUE LODI, CA 95240	RETIRED	100.00	100.00	-
7/26/98	JACK CARTER P.O. BOX 1719 SUTTER CREEK, CA 95685	RETIRED	200.00	200.00	-
7/29/98	MARGARET ACOSTA 15 N. CALIFORNIA ST. LODI, CA 95240	HOMEMAKER	100.00	100.00	-
7/24/98	LES BROOKS 219 S. AVENUE AVENUE LODI, CA 95240	CONTRACTOR BROOKS CONSTRUCTION	100.00	100.00	-
SUBTOTAL \$			800.00		

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCHL LE A (cont.)

Statement covers period from <u>July 1, 1998</u>	I.D. NUMBER <b>490</b>
through <u>SEPT. 30, 1998</u>	
Page <u>37</u> of <u>27</u>	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>COMMITTEE TO ELECT BOB WHITSON</u>	I.D. NUMBER <u>981839</u>
---	------------------------------

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)
7/27/98	DR ROBERT SUTTER 1640 EDGEWOOD DRIVE Lodi, CA 95240	DENTIST ROBT. SUTTER, DDS	100.00	100.00	-
8/1/98	KEH GINI 325 E. KETTLEMAR LANE Lodi, CA 95240	AUTO REPAIR MIDAS MUFFLER AND BRAKE SHOP	100.00	100.00	-
8/1/98	WILLIAM SANDHEEN P.O. Box 343 ACAMPO, CA 95220	RESTAURANT OWNER HARREL'S	100.00	100.00	-
8/3/98	DAVID HOOVER 519 W. LODI AVENUE Lodi, CA 95240	HEARING AID SPECIALIST POSEY'S HEARING AID CENTER	100.00	100.00	-
8/2/98	DALTON BURNET 2303 GRENOBLE DRIVE Lodi, CA 95240	RETIRED	100.00	100.00	-
8/2/98	G.K. DAYTON, MD 539 WILLOW GLEN DRIVE Lodi, CA 95240	RETIRED	100.00	100.00	-
SUBTOTAL \$ <u>600.00</u>					

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCHL LEA (cont.)

Statement covers period from <u>July 1, 1998</u>	CALIFORNIA DISC FORM <b>490</b>
through <u>Sept. 30, 1998</u>	
Page <u>8</u> of <u>27</u>	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>COMMITTEE TO ELECT BOB JOHANSON</u>	I.D. NUMBER <u>981439</u>
--	------------------------------

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)
8/2/98	PHILIP LEE 739 RIVIERA CT. WOODBRIDGE, CA 95258	MANAGER FERD CONSTRUCTION	100.00	100.00	-
8/4/98	RUSSEL MUMSON 1530 EDGEWOOD DRIVE LODI, CA 95240	DEVELOPER JOHN VERLIER DEVELOPMENT	100.00	100.00	-
8/3/98	LUSTRE - CAL NAMEPLATE P.O. BOX 439 LODI, CA 95241	MANUFACTURER LUSTRE-CAL NAMEPLATE CORP.	200.00	200.00	-
8/8/98	NILS TRUSSON 1731 HOWE AVENUE, #123 SACRAMENTO, CA 95225	RETIRED	150.00	150.00	-
8/12/98	J.P. SEIFERLING 2344 CABRILLO CIRCLE LODI, CA 95242	RETIRED	100.00	100.00	-
8/14/98	HUGH METCALF 333 PALOMAR DR. LODI, CA 95242	MAINTENANCE METCALF'S HANDY MAN SERVICE	100.00	100.00	-
SUBTOTAL \$			750.00		

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCHL LE A (cont.)

Statement covers period from <u>July 1, 1998</u>	
through <u>SEPT 30, 1998</u>	
Page <u>9</u> of <u>27</u>	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>COMMITTEE TO ELECT BOB JOHNSON</u>	I.D. NUMBER <u>981539</u>
---	------------------------------

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)
8/10/98	LAWRENCE ALBERS 18001 RIVERSIDE DR CLEVELAND, OH 44107	RETIRED	100.00	100.00	-
8/10/98	BRADFORD DICKEY, DDS 801 S. HARK LANE, SUITE L Lodi CA 95242	DENTIST BRADFORD DICKEY, DDS	100.00	100.00	-
8/14/98	DUNCAN, DUNCAN & ASSOC., INC. P.O. Box 1066 WOODBRIDGE, CA 95258	APPRAISERS	250.00	250.00	-
8/24/98	JACK ALQUIST 19363 WILDERNESS Way WOODBRIDGE, CA 95258	CLEANERS GUILD CLEANERS	100.00	100.00	-
8/12/98	TED KATZAKIAN P.O. Box 617 Lodi, CA 95241	CONTRACTOR TED KATZAKIAN CO., INC	100.00	100.00	-
8/4/98	JIM MURDACA 1135 RIVERSIDE DRIVE Lodi, CA 95240	RESTAURANT OWNER PIETRO'S	1,000.00	1,000.00	-

SUBTOTAL \$ 1,650.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

Statement covers period  
 from July 1, 1998  
 through Sept. 30, 1998

490

Page 10 of 27

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELEG BOB JOHNSON

I.D. NUMBER

981839

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)
8/20/98	FRANK C. ALEGRE, SR. 2000 EDGEWOOD DRIVE WOOD, CA 95242	TRUCKING ALEGRE TRUCKING INC	500.00	500.00	-
8/25/98	SAHARA WEIK 1617 S. ACKERMAN WOOD, CA 95240	MANUFACTURER WOOD: TENT MAKING	100.00	100.00	-
8/20/98	RICHARD SAHBURN P.O. Box 1057 WOOD, CA 95241	AUTO DEALER SAHBURN CHEVROLET	100.00	100.00	-
8/27/98	THOMAS REICHMUTH 1358 MIDVALE ROAD WOOD, CA 95240	PURCHASING AGENT WOOD: IRON WORKS	100.00	100.00	-
8/27/98	AURICKS STEEL INC 505 N. SACRAMENTO ST. WOOD, CA 95240	MANUFACTURER AURICKS STEEL INC	150.00	150.00	-
9/3/98	JOSEPH HANDEL 1133 CHATEAU COURT WOOD, CA 95242	INVESTOR HANDEL INVESTMENTS	250.00	250.00	-

SUBTOTAL \$ 1,200.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCHL LE A (cont.)

Statement covers period from <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>	<b>490</b>
	Page <u>11</u> of <u>27</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>COMMITTEE TO ELECT BOB JOHNSON</u>	I.D. NUMBER <u>981839</u>
---	------------------------------

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)
9/1/98	PHILIP LENSER 11 RAMBLEWOOD WAY WOODBIDGE, CA 95258	STOCK BROKER EDWARD DUNES Co.	100.00	100.00	-
9/1/98	ROBERT HOLM 550 WILLOW GLEN DRIVE LODI, CA 95240	RETIRED	100.00	100.00	-
9/7/98	SHAWNA MUNOZ 1516 SYLVAN WAY # 308 LODI, CA 95242	TEACHER LODI UNIFIED SCHOOL DISTRICT	100.00	100.00	-
9/11/98	HAUSER & MOUNZES P.O. BOX 1397 WOODBIDGE, CA 95258	ATTORNEYS HAUSER & MOUNZES	100.00	100.00	-
9/10/98	PACIFIC COAST PRODUCERS PAC P.O. BOX 1600 LODI, CA 95241	CANNERY FOOD PROCESSOR	250.00	250.00	-
9/15/98	14. CRAIG NORTON 1925 EDGEWOOD COURT LODI, CA 95242	SALES REP. Eli Lilly	100.00	100.00	-
SUBTOTAL \$			750.00		

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCHL LE A (cont.)

Statement covers period from <u>July 1, 1998</u>	CALIFORNIA DISFORM 490
through <u>SEP 30, 1998</u>	
Page <u>8</u> of <u>27</u>	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>COMMITTEE TO ELECT BOB JOHNSON</u>	I.D. NUMBER <u>981939</u>
---	------------------------------

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)
9/14/98	OPPORTUNITY TEMPS, INC 343 E. MAIN STREET, 10 <sup>TH</sup> FLOOR STOCKTON, CA 95202	AT-WILL/EMPLOYER	250.00	250.00	-
9/17/98	CWR INDUSTRIES, INC P.O. Box 2696 Lodi, CA 95241	ENVIRONMENTAL SERVICES	300.00	300.00	-
9/18/98	JOHN RENNELL 515 PIER AVE., Apt 3 SANTA MONICA, CA 90405	STOCK BROKER SMITH BARNEY	250.00	250.00	-
7/22/98	MORRIS KNIGHT 357 E. RIVER MEADOWS DRIVE WOODBRIIDGE, CA 95258	BANKER GUARANTY FEDERAL BANK	100.00	100.00	-

SUBTOTAL \$ 900.00

Schedule F Part I  
Loans Received

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

Statement covers period

SCHEDULE B - Part I

CALIFORNIA ELECTION FORM 490

SEE INSTRUCTIONS ON REVERSE

through SEPT. 30, 1996

Page 13 of 27

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
<u>7/1/96</u>	<u>BOB JOHNSON</u> <u>1311 MIDVALE ROAD</u> <u>LODI, CA 95240</u> <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<u>CANDIDATE / REAL ESTATE APPRAISER</u>	DUE DATE <u>N/A</u> INTEREST RATE <u>N/A</u>	<u>500.00</u>	CALENDAR YEAR <u>500.00</u> OTHER <u>—</u>	CALENDAR YEAR <u>—</u> OTHER <u>—</u>	
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE <u>—</u> INTEREST RATE <u>—</u>		CALENDAR YEAR <u>—</u> OTHER <u>—</u>	CALENDAR YEAR <u>—</u> OTHER <u>—</u>	
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE <u>—</u> INTEREST RATE <u>—</u>		CALENDAR YEAR <u>—</u> OTHER <u>—</u>	CALENDAR YEAR <u>—</u> OTHER <u>—</u>	
*See important instructions on reverse.			SUBTOTAL \$ <u>500.00</u>		SUBTOTAL \$ <u>NONE</u>		

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... \$ 500.00
- Loans under \$100 received this period. (Do not itemize.) ..... \$ NONE
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 500.00

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ NONE
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ NONE
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ ( 0 )
- Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 500.00  
Enter the net here and on the Summary Page, Column A, Line 2.   
May be a negative number.

Schedule B - Part I (Continuation Sheet)  
Loans Received

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

SCHEDULE Part I (cont.)

Statement covers period  
from July 1, 1998  
through Sept 30, 1998

**490**

Page 14 of 27

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER  
981839

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE		OTHER		OTHER

\*See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$ NONE (a)

\$ NONE (b)

Enter (b) on Summary Page, Line 18 only.





**Schedule C  
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period		<b>CALIFORNIA DISFORM 490</b>
from <u>July 1, 1998</u>	through <u>Sept. 30, 1998</u>	
Page <u>17</u> of <u>27</u>		I.D. NUMBER <u>981839</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

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 (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>7/1/98</u>	<u>TONY TRASSARE 330 W. LODI AVENUE LODI, CA 95240</u>	<u>GRAPHIC DESIGN THE COLORING BOOK</u>	<u>ENVELOPES</u>	<u>64.65</u>		
<u>7/30/98</u>	<u>SASAKI ACCOUNTANCY 1806 W. KETTLEMAR LANE, #67 LODI, CA 95242</u>	<u>ACCOUNTANT SASAKI ACCOUNTANCY</u>	<u>STAMPS/ENVELOPES</u>	<u>1.37</u>		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 66.02

**Non-Monetary Contributions Summary**

- Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ NONE
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 66.02
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ 66.02

**Schedule L**  
**Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)**

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

SCHEDULE D

Statement covers period from <u>July 1, 1996</u>	CALIFORNIA STATEMENT <b>490</b>
through <u>SEPT. 30, 1996</u>	
Page <u>18</u> of <u>27</u>	
I.D. NUMBER <u>981839</u>	

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

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 PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	<u>N/A</u>					

Attach additional information on appropriately labeled continuation sheets.	<b>SUBTOTALS \$</b>	(a) <u>NONE</u>	(b) <u>NONE</u>
---	---------------------	--------------------	--------------------

**Enforceable Promises Received Summary**

1. Promises received of \$100 or more this period (Column (a)). ..... \$ NONE
2. Promises received under \$100 this period.  
(Do not itemize.) ..... \$ NONE
3. Total promises received this period.  
(Add Lines 1 and 2.) ..... **TOTAL \$** NONE
4. Payments received on promises of \$100 or more this period.  
(Column (b)). ..... \$ NONE
5. Payments received on promises under \$100 this period.  
(Do not itemize. Also include on Schedule A Summary, Line 2.) ..... \$ NONE
6. Total payments received.  
(Add Lines 4 and 5.) ..... **TOTAL \$** ( NONE )
7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) ..... **NET \$** NONE  
May be a negative number.

**Schedule L  
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 <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>	<b>CALIFORNIA DISCLOSURE</b> <b>490</b>
Page <u>19</u> of <u>27</u>	I.D. NUMBER <u>981839</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

**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>CITY OF LODI 221 W. PINE ST LODI, CA 95240</u>			<u>REFUNDABLE DEPOSIT - REMOVAL OF SIGNS</u>	<u>100.00</u>
<u>COUNTY OF SAN JOAQUIN - REGISTRAR OF VOTERS 212 N. SAN JOAQUIN STOCKTON, CA</u>	<u>L</u>		<u>VOTER LIST</u>	<u>311.37</u>
<u>LODI NEWS SENTINEL P.O. BOX 1360 LODI, CA 95241</u>	<u>N</u>		<u>ADVERTISING DEPOSIT</u>	<u>500.00</u>

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 \$ 911.37

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>2,096.62</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>578.20</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>NONE</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>NONE</u>
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ <u>2,674.82</u>

Schedule I  
 (Continuation Sheet)  
 Payments and Contributions  
 (Other Than Loans) Made

A. Enter in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (cont.)

Statement covers period from <u>July 1, 1998</u>	CALIFORNIA PROPOSITION <b>490</b>
through <u>SEPT. 30, 1998</u>	
Page <u>20</u> of <u>27</u>	
I.D. NUMBER <u>981839</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

CODES FOR CLASSIFYING EXPENDITURES

- |   |   |   |
|---|---|---|
| "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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>THE COLORING BOOK 330 W. WOI AVENUE WOI, CA 95240</u>	<u>L</u>		<u>CAMPAIGN FLYERS</u>	<u>1,185.25</u>

SUBTOTAL \$ 1,185.25

Schedule F  
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>July 1, 1998</u> through <u>SEPT. 30, 1998</u>	CALIFORNIA 1992 FORM <b>490</b>
	Page <u>21</u> of <u>27</u>
I.D. NUMBER <u>981839</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

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 SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ NONE

Accrued Expenses Summary

- |   |                   |                 |
|---|-------------------|-----------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)   | \$                | <u>NONE</u>     |
| 2. Accrued expenses this period of under \$100. (Do not itemize.)   | \$                | <u>NONE</u>     |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)  | INCURRED TOTAL \$ | <u>NONE</u>     |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)                     | PAID TOTAL \$     | <u>( NONE )</u> |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$            | <u>NONE</u>     |

May be a negative number.

**Schedule C**  
**Payments made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)**

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

SCHEDULE G

Statement covers period from <u>July 1, 1996</u> through <u>SEPT 30 1996</u>	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>22</u> of <u>27</u>
	I.D. NUMBER <u>961839</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
COMMITTEE TO ELECT BOB JOHNSON

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
N/A

**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.

- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR <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>	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>N/A</u>			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ NONE

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule H — Part I  
Loans Made to Others

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

SCHEDULE H - Part I

Statement covers period from <u>July 1, 1998</u> through <u>Sept 30, 1998</u>	<b>PARTIAL</b> <b>FORM 490</b>
	Page <u>23</u> of <u>27</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (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)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ NONE

Loans Made to Others — Part I Summary

- 1. Loans of \$100 or more made this period.  
(Include all Loans Made — Part I subtotals.) ..... \$ NONE
- 2. Loans under \$100 made this period.  
(Do not itemize.) ..... \$ NONE
- 3. Total loans made this period.  
(Add Lines 1 and 2.) ..... TOTAL \$ NONE

Loans Repayments Received — Part II Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more  
which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.  
If forgiven, also itemize on Schedule E.) ..... \$ NONE
- 5. Payments received on loans under \$100.  
(Including a forgiveness. Do not itemize.) ..... \$ NONE
- 6. Total loan payments received this period.  
(Add Lines 4 and 5.) ..... TOTAL \$ ( NONE )
- 7. Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 9.) ..... NET \$ NONE

May be a negative number.

Schedule H - Part I  
Loans Made to Others  
(Continuation Sheet)

Ty, print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - Part I (cont.)

Statement covers period  
from July 1, 1998  
through SEPT. 30, 1998

PANORAMA  
USE FORM **490**  
Page 24 of 27

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (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)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ NONE





Schedule I  
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period from <u>July 1, 1998</u> through <u>SEPT. 30, 1998</u>	CALIFORNIA DISCLOSURE <b>490</b>
	Page <u>27</u> of <u>27</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

COMMITTEE TO ELECT BOB JOHNSON

981839

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (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)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ NOTE

Miscellaneous Increases to Cash Summary

- 1. Increases to cash of \$100 or more this period. .... \$ NOTE
- 2. Increases to cash under \$100 this period. (Do not itemize.) .... \$ 10.26
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$ NOTE
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... TOTAL \$ 10.26