

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

Type or print in ink.

COVER PAGE - LONG FORM

Statement covers period from <u>July 1, 1998</u> through <u>Sept 30, 1998</u>	Date Stamp <b>RECEIVED</b> 1998-5 AM 9:12 CITY CLERK CITY OF LODI	CALIFORNIA 490 1994 FORM
Date of election if applicable: (Month, Day, Year) <u>11-3-98</u>	Page <u>1</u> of <u>1</u> For Official Use Only	

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

JANE LEA

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

LODI CITY COUNCIL MEMBER

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1930 Holly Dr, Lodi, CA 95240 209-3670377

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

COMMITTEE TO ELECT JANE LEA

I.D. NUMBER

10981919

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

DAWN C SQUIRES

NAME OF TREASURER

508 HILBORN ST, 508 HILBORN ST

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

Lodi CA 95240 209 334-1934

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

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 Dawn C Squires 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 10-4-98 At Lodi, CA

By [Signature] 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 July 1, 1998  
through Sept 30, 1998

CALIFORNIA  
STATE COMMISSION  
490

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee TO ELECT JANE LEA  
Contributions Received

	Column A TOTAL CONTRIBUTIONS FROM ATTACHED SCHEDULES	Column 8* TOTAL PAYMENTS MADE (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 1 \$ 2096.00	\$ 0	\$ 2096.00
2. Loans Received	Schedule B, Line 1 \$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	ADD Lines 1 + 2 \$ 2096.00	\$ 0	\$ 2096.00
4. Non-monetary Contributions	Schedule C, Line 1 \$ 858.00	\$ 0	\$ 858.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	ADD Lines 3 + 4 \$ 2954.00	\$ 0	\$ 2954.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 1 \$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	ADD Lines 5 + 6 \$ 2954.00	\$ 0	\$ 2954.00
Expenditures Made			
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 1322.00	\$ 1322.00	\$ 1322.00
9. Loans Made	Schedule F, Line 7 \$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	ADD Lines 8 + 9 \$ 1322.00	\$ 1322.00	\$ 1322.00
11. Accrued Expenses (Unpaid Bills)	Schedule G, Line 5 \$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	ADD Lines 10 + 11 \$ 1322.00	\$ 1322.00	\$ 1322.00

\* 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).

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ 0
14. Cash Receipts	Column A, Line 3 above \$ 2096.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0
16. Cash Payments	Column A, Line 10 above \$ 1322.00
17. ENDING CASH BALANCE	ADD Lines 13 + 14 + 15, then subtract Line 16 \$ 774.00

IF THIS IS A TERMINATION STATEMENT, LINE 17 MUST BE ZERO.

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ 0	7/1 to Date \$ 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 \$ 1322.00	

Summary for Candidates in Both June and November Elections

21. Contributions Received	1/1 through 6/30 \$ 2,954.00	7/1 to Date \$ 0
22. Expenditures Made	\$ 1,322.00	

A 5

Schedule A  
Monetary Contributions Received

Type or print  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

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

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Jane Lea

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF 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)
8/6/98	JANE LEA 1931 Holly DR ID 981919 Lodi, CA 95240	VOCATIONAL INSTRUCTOR DEPT OF LABOR	250.00	250.00	
9/17/98	CLARA Cervantez 8851 Kelsey DR ELK GROVE, CA	VOCATIONAL INSTRUCTOR DEPT OF LABOR	300.00	300.00	
9/11/98	DAWN C. SQUIRES 508 Hillborn St ID 981919 Lodi, CA 95240	USDA-FSIS FOOD INSPECTOR	50.00	265.00	

SUBTOTAL \$ 600.00

Monetary Contributions Summary

- 1. Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 600.00
- 2. Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 1,496.00
- 3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 2,096.00

Schedule  
Non-Monetary Contributions Received

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

SCHEDULE C

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

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Jane Lea

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS. ENTER I.D. NUMBER 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)
9/26	DAWN C. SPIGARS 508 HILBORN 10981919 LODI, CA 95240	HAND-MADE EM GIFTS	BASKETS, GIFT ITEMS FOR RAFFLE	216 <sup>00</sup>	216 <sup>00</sup>	
9/26	CAMILLE GREEN 405 E PINE ST LODI, CA 95240	HAND-MADE EM GIFTS	BASKETS, GIFT ITEMS FOR RAFFLE	200 <sup>00</sup>	200 <sup>00</sup>	
9/6	JACK FLUXHART 331 LA SETTA DR LODI, CA 95242	Retired.	ICE CREAM SOCIAL & MAILERS(100)	282 <sup>00</sup>	282 <sup>00</sup>	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 698.00

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 698.00
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 160.00
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ 858.00

Schedule E  
Payments and Contributions  
(Other Than Loans) Made

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

Statement covers period from <u>July 1, 1998</u> through <u>Sept 30, 1998</u>	Page <u>1</u> of <u>1</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT JANE LEA

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
- \*N - NEWSPAPER AND PERIODICAL ADVERTISING
- \*T - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- \*O - OUTSIDE ADVERTISING
- \*P - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- \*I - INDEPENDENT EXPENDITURES
- \*S - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- \*L - LITERATURE
- \*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
COCKS RESTAURANT 6205 CHERRILL LANE, Lodi, CA 95240	F		FOOD - DINNER FOR FUND F	526.00
MUDVILLES FINEST 9011 E 8 MILE RD, STOCKTON, CA 95212	F		MUSIC FOR FUND RAISER	375.00
WYATT'S WOOD PRODUCTS 6317 MAIN AVE #7 ORANGEVALE, CA 95662	L		WOOD FOR LAWN SIGNS	121.29
LODI NEWS CONTINENTAL 125 N. CHURCH ST LODI, CA 95242	N		PAID POLITICAL ANNOUNCEMENT	300.00

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 \$ 1322.29

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more: (Include all Schedule E subtotals.)	\$ 1322.29
2. Payments made this period of under \$100. (Do not itemize.)	\$ 0
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line B.)	TOTAL \$ 1322.29

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