

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>Sept. 30, 1998</u>	Date Stamp <b>RECEIVED</b> NOV-5 AM 11:5 CITY OF LODI	CALIFORNIA 1994 FORM <b>490</b>
Date of election if applicable: (Month, Day, Year) <u>November 3, 1998</u>	Page <u>1</u> of <u>8</u> For Official Use Only	

Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Phillip Pennino

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

Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

Committee To Elect Phil Pennino

I.D. NUMBER

902421

COMMITTEE ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi 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

Lodi CA 95240 (209)334-3497

Other Committees Not Included in this Statement: List any other  
consolidated statement that are controlled by you and any

COMMITTEE NAME	I.D. NUMBER
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

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

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

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 <u>7/1/98</u>	CALIFORNIA 1994 FORM <b>490</b>
through <u>9/30/98</u>	
Page <u>2</u> of <u>8</u>	
I.D. NUMBER <u>902421</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT PHIL PENNINO

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	\$ 4340.00	\$ -0-	\$ 4340.00
2. Loans Received	Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 4340.00	\$ -0-	\$ 4340.00
4. Non-monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 4340.00	\$ -0-	\$ 4340.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 4340.00	\$ -0-	\$ 4340.00

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 3815.98	\$ -0-	\$ 3815.98
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 3815.98	\$ -0-	\$ 3815.98
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 3815.98	\$ -0-	\$ 3815.98

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 562.26
14. Cash Receipts	Column A, Line 3 above	4340.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	3815.98
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 If this is a termination statement, Line 17 must be zero.	\$ 1086.28

\* 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).

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ -0-
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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	\$ -0-

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ -0-	4340.00
22. Expenditures Made	\$ -0-	3815.98

Schedule A  
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>PALIFORNIA 1998 FORM 490</b>
	Page <u>3</u> of <u>8</u>
I.D. NUMBER 902421	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT PHIL PENNINO

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)
9/29/98	JIM & ANNETTE MURDACA 1135 RIVERGATE DR. LODI, CA 95240	OWNER PIETRO'S RESTAURANT	500.00		
9/19/98	DON FORD 639 E. LOCKEFORD ST. LODI, CA 95240	OWNER FORD CONSTRUCTION	250.00		
9/29/98	DAN & JUDY LEWIS 963 W. TURNER RD. LODI, CA 95242	OWNER TACO BELL	250.00		
9/15/98	BILL & CAROL MEEHLEIS 1360 RIVERGATE DR. LODI, CA 95240	OWNER MEEHLEIS MODULAR BUILDINGS	250.00		
9/22/98	RICK GUARJARDO 2 W. LOCKEFORD ST. LODI, CA 95240	OWNER LODI DODGE	200.00		
<b>SUBTOTAL \$</b>			<b>1450.00</b>		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2750.00
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 1590.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 4340.00

Schedule (Continuation Sheet)  
 Monetary Contributions Received

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

SCI JLE A (cont.)

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	CALIFORNIA FORM <b>490</b>
	Page <u>4</u> of <u>8</u>
I.D. NUMBER <u>(0242)</u>	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT PHIL PENNINO

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)
9/15/98	WALTER HOWEN, M.D. 512 DAISY AVE. LODI, CA 95240	PHYSICIAN	100.00		
9/24/98	<i>Brad Lange</i> 1298 W. JAHANT RD. ACAMPO, CA 95220	LANGE TWINS AGRICULTURE	100.00		
9/12/98	ROBERT OLSON 1412 PINAL DR. STOCKTON, CA 95205	SUMIDEN WIRE PRODUCTS	100.00		
9/22/98	DON & PEGGY WALTERS 1327 RIVERGATE DR. LODI, CA 95240	RETIRED	100.00		
9/29/98	JOHN & EDYTH LEDBETTER P. O. BOX 340 LODI, CA 95241	SELF AGRICULTURE	100.00		
9/29/98	JACK FIORI 810 W. WALNUT LODI, CA 95240	MANAGER CALIFORNIA WASTE	100.00		
<b>SUBTOTAL \$</b>			<b>600.00</b>		

Schedule (Continuation Sheet)  
 Monetary Contributions Received

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

SCI JLE A (cont.)

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>CALIFORNIA 490</b> DISFORM
	Page <u>5</u> of <u>8</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	
COMMITTEE TO ELECT PHIL PENNINO	
I.D. NUMBER 902421	

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)
9/23/98	SEAN COLLINS, D.D.S. 630 S. FAIRMONT AVE. LODI, CA 95240	ORTHODONTIST	100.00		
9/10/98	WALTER CURTIS 418 MATTHEW PLAZA LODI, CA 95240	RETIRED	100.00		
9/23/98	HOP ESSICK P. O. BOX 151 STOCKTON, CA 95201	GRANITE CONSTRUCTION	100.00		
9/21/98	STEVE & LORI FELTON 15887 N. LOCUST TREE RD. LODI, CA 95240	SELF AGRICULTURE	100.00		
9/16/98	WILLIAM FILIOS 12 ATHERTON ISLAND STOCKTON, CA 95204	SELF CONSTRUCTION	100.00		
9/19/98	MIKE HAKEEM 2800 W. MARCH LN. STOCKTON, CA 95219	SELF ATTORNEY	100.00		
<b>SUBTOTAL \$</b>			<b>600.00</b>		

Schedule (Continuation Sheet)  
 Monetary Contributions Received

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

SCI JLE A (cont.)

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	CALIFORNIA 1998 FORM <b>490</b> Page <u>6</u> of <u>8</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <b>COMMITTEE TO ELECT PHIL PENNINO</b>	
I.D. NUMBER 902421	

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)
9/30/98	TERRY & JEANETTE QUASHNICK 9397 E. SCHMIEDT RD. LODI, CA 95240	SELF QUASHNICK TOOL	100.00		

SUBTOTAL \$ 100.00

Schedule  
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>7/1/98</u> through <u>9/30/98</u>	CALIFORNIA STATE FORM <b>490</b>
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>902421</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT PHIL PENNINO

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 <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>	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
CITY OF LODI 221 W. PINE ST. LODI, CA 95240	O			100.00
U.S. POSTMASTER 122 S. SCHOOL ST. LODI, CA 95240	G			224.00
MCNALLY TEMPLE ASSOCIATES 1817 CAPITOL AVE. SACRAMENTO, CA 95814	L			800.00

*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 \$ 1124.00

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3778.98
2. Payments made this period of under \$100. (Do not itemize.)	\$ 37.00
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 8.)	TOTAL \$ 3815.98

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

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

SCI JLE E (cont.)

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	CALIFORNIA PROP. <b>490</b>
	Page <u>8</u> of <u>8</u>
I.D. NUMBER 902421	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT PHIL PENNINO

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
MC CABE CREATIVE DESIGNS 600 PENNSYLVANIA #25 LOS GATOS, CA 95030	G			663.74
ZOBEL MANUFACTURING 33455 WESTERN AVE. UNION CITY, CA 94587	O			916.24
VALLEY OUTDOOR ADVERTISING 709 W. KETTLEMAN LN. LODI, CA 95240	O			525.00
CALIFORNIA VOTER GUIDE	L			550.00

SUBTOTAL \$ 2654.98