COVER PAG. ONG FORM

and Controlled Committee Campaign Statement — 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:

- [x] 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 7-1-96 through 9-30-96

Date of election if applicable: (Month, Day, Year) 11-5-96

Date Stamp: RECEIVED 97-2 PM 9:22

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For Official Use Only

Officeholder Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE: Stephen J. MANN

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET): P.O. Box 648

CITY: LODI STATE: CA ZIP CODE: 95241 AREA CODE/DAYTIME PHONE: 209-368-6274

COMMITTEE NAME: committee to Elect Stephen J. MANN I.D. NUMBER: 922038

COMMITTEE ADDRESS (NO. AND STREET): P.O. BOX 648

CITY: LODI STATE: CA ZIP CODE: 95241 AREA CODE/DAYTIME PHONE: 209-368-627

NAME OF TREASURER: Robert A. Rocha

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 1420 W. Kettleman LN

CITY: LODI STATE: CA ZIP CODE: 95242 AREA CODE/DAYTIME PHONE: 333-8052

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*

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

COMMITTEE NAME | I.D. NUMBER

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 10-3-96 (DATE) At LODI, CA (CITY AND STATE) By Robert A. Rocha (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 10-1-96 (DATE) At LODI, CA (CITY AND STATE) By Stephen Mann (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

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Statement covers period from 7-1-96 through 9-30-96

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Stephen J. MANN

I.D. NUMBER: 922038

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	$ 8794	$ —	$ 8794
2. Loans Received	Schedule B, Line 7	—	—	—
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 8794	$ —	$ 8794
4. Non-monetary Contributions	Schedule C, Line 3	339	—	339
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	$ 9133	$ —	$ 9133
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	—	—	—
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	$ 9133	$ —	$ 9133
Expenditures Made				
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	$ 2072	$ 179	$ 2251
9. Loans Made	Schedule H, Line 7	—	—	—
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	$ 2072	$ 179	$ 2251
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	—	—	—
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	$ 2072	$ 179	$ 2251

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	$ 1244
14. Cash Receipts	Column A, Line 3 above	8794
15. Miscellaneous Increases to Cash	Schedule I, Line 4	—
16. Cash Payments	Column A, Line 10 above	2072
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	$ 7966

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).

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 — $ —

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	$ —	9133
22. Expenditures Made	$ 179	2072

Schedule A
Monetary Contributions Received

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

Statement covers period
from 7-1-96
through 9-30-96

CALIFORNIA 1994 FORM 490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Stephen J. MANN

I.D. NUMBER
922038

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)
9/21/96	General Mills Inc. 2000 W. Turner Lodi	Cereal MFR	500	500	
		SUBTOTAL $	500		

Monetary Contributions Summary

1. Amount received this period — contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 500
2. Amount received this period — contributions of less than $100. (Do not itemize.) ..... $ 8294
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 8794

Schedule C
Non-Monetary Contributions Received

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

SCHEDULE C

Statement covers period
from 7-1-96
through 9-30-96

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Stephen I. MANN

I.D. NUMBER
922038

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)

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Non-Monetary Contributions Summary

1. Amount received this period — non-monetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $
2. Amount received this period — non-monetary contributions of less than $100. (Do not itemize.) ..... $ 339
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 $ 339

CHEDULE E

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 7-1-96 through 9-30-96

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Stephen T. MANN

I.D. NUMBER: 922038

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
- "I" – INDEPENDENT EXPENDITURES
- "L" – LITERATURE
- "B" – BROADCAST ADVERTISING
- "N" – NEWSPAPER AND PERIODICAL ADVERTISING
- "O" – OUTSIDE ADVERTISING
- "S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" – FUNDRAISING EVENTS
- "G" – GENERAL OPERATIONS AND OVERHEAD
- "T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

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
Gaoyle Signs COTI	O	LAWN Signs	575.39
Duncan Press COTI	L	Brochures	727.31
Postmaster COTI	G	Postage	416
			1718.70

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 $ ~~1302.70~~ 1718.70

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $ ~~1302~~ 1718
2. Payments made this period of under $100. (Do not itemize.) 353 $ ~~532~~
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.) TOTAL $ ~~2254~~ 2071