

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

Type or print in ink.

COVER PAGE CALIFORNIA 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>1-1-90</u> through <u>10-24-90</u>	Date Stamp RECEIVED OCT 23 AM 10:05 CITY OF LOS ANGELES	CALIFORNIA 1994 FORM 490 Page <u>1</u> of <u>5</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11-5-90</u>		

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

NAME OF OFFICEHOLDER OR CANDIDATE
COLLEEN DIXON

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
333 HILBOEN ST Lodi CA 95240 916 4282918

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME
Colleen Dixon For City Council

I.D. NUMBER

COMMITTEE ADDRESS (NO. AND STREET)
333 HILBOEN ST

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 916 4282918

NAME OF TREASURER
Colleen Dixon

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
333 HILBOEN ST

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 916-428-2918

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 10-23-90 At Lodi CA

By Colleen Dixon 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 10-23-90 At Lodi CA

By Colleen Dixon SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1-1-96</u> through <u>10-24-96</u>	CALIFORNIA DISCLOSURE 490
Page <u>2</u> of <u>5</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COLLEEN DIXON

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)
10/22	FRED + MARJORIE REED 1168 NORTHWOOD WOOD CA 95240	RETIRED	100 ⁰⁰	100 ⁰⁰	—
10/22	FRANK O'NEILL 2910 CODEY PL PASADENA CA 91104	ATTORNEY WENSON CRANDALL + WADSWORTH	100 ⁰⁰	100 ⁰⁰	—

SUBTOTAL \$ 200

Monetary Contributions Summary

1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 200⁰⁰

2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 162

3. Total monetary contributions received this period.
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 362

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Catherine Dixon

Statement covers period from <u>1-1-90</u>	CALIFORNIA 1994 FORM 490
through <u>10-24-90</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER	

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>1302</u>	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1302</u>	\$ _____	\$ _____
4. Non-monetary Contributions Schedule C, Line 3	<u>40.50</u>	_____	_____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ <u>1408.50</u>	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	_____	_____	_____
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>1408.50</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>110.72</u>	\$ _____	\$ _____
9. Loans Made Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>110.72</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>110.72</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 1302
14. Cash Receipts Column A, Line 3 above	<u>1302</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	_____
16. Cash Payments Column A, Line 10 above	<u>110.72</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>1251.28</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).

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ _____
19. Cash Equivalents See instructions on reverse	\$ _____
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ _____

Cash Equivalents and Outstanding Debts

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

**Schedule C
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period from _____ through _____	CALIFORNIA DD FORM 490
	Page <u>4</u> of <u>5</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/1	CAUFWASTE TURNER RD CADI	DISPOSAL	STAKES	\$25	\$25	—
10/17	Coloring Book W LODE AVE	CARIES FLORIST	TSHIRT	\$21.50	21.50	—

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 40.50

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ —
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 40.50
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 40.50

**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 <u>1-1-94</u> through <u>10-24-94</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Calleen Dixon

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.**

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>DARREN M. ANTONOVICH</u> <u>10 LOD NEWS SENTINEL</u> <u>125N Church St LODI CA 95240</u>			<u>Black & white photo</u>	<u>\$50.00</u>
<u>Photo Instant Print</u>			<u>Remittance envelopes</u>	<u>660.72</u>

Important: Contributions and expenditures made out of campaign funds or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Payments made this period of under \$100. (Do not itemize.) \$ 110.62
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.) \$ _____
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 \$** _____