

# 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>October 20, 1996</u> through <u>Dec. 31, 1996</u>	Date Stamp <b>RECEIVED</b> JAN 30 AM 10:03 STATE OF CALIFORNIA	CALIFORNIA 1996 FORM <b>490</b>
Date of election if applicable: (Month, Day, Year) <u>Nov. 5, 1996</u>	Page <u>1</u> of <u>4</u> For Official Use Only	

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

NAME OF OFFICEHOLDER OR CANDIDATE

Susan Hitchcock

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

CITY COUNCIL MEMBER

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

2443 MacArthur Parkway

CITY

Lodi

STATE

CALIF.

ZIP CODE

95242

AREA CODE/DAYTIME PHONE

(209) 334-9362

COMMITTEE NAME

COMMITTEE FOR SUSAN HITCHCOCK

I.D. NUMBER

961523

COMMITTEE ADDRESS (NO. AND STREET)

2443 MacArthur Parkway

CITY

Lodi

STATE

CA

ZIP CODE

95242

AREA CODE/DAYTIME PHONE

(209) 334-9362

NAME OF TREASURER

Jerry L. Glenn

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

2443 MacArthur Parkway

CITY

Lodi

STATE

CALIF.

ZIP CODE

95242

AREA CODE/DAYTIME PHONE

(209) 334-9362

## 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	CONTROLLED COMMITTEE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		
COMMITTEE ADDRESS (NO. AND STREET)		
CITY	STATE	ZIP CODE AREA CODE/DAYTIME PHONE
COMMITTEE NAME	I.D. NUMBER	
		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		
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 Jan 28, 1997 At Lodi CALIF.

By Jerry L. Glenn  
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 1-30-97 At Lodi CALIF.

By Susan Hitchcock  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

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.

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>OCT 20, 1996</u> through <u>DEC 31, 1996</u>	CALIFORNIA 1984 FORM <b>490</b>
	Page <u>2</u> of <u>4</u>
I.D. NUMBER <u>961523</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee for Susan Hitchcock

## 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>1344.00</u>	\$ <u>3,790.98</u>	\$ <u>5134.98</u>
2. Loans Received ..... Schedule B, Line 7	<u>0</u>	<u>1,000.00</u>	<u>1000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1344.00</u>	\$ <u>4790.98</u>	\$ <u>6134.98</u>
4. Non-monetary Contributions ..... Schedule C, Line 3	<u>-</u>	<u>-</u>	<u>-</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) ..... Add Lines 3 + 4	\$ <u>1344.00</u>	\$ <u>4790.98</u>	\$ <u>6134.98</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) ..... Schedule D, Line 7	<u>-</u>	<u>-</u>	<u>-</u>
7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6	\$ <u>1344.00</u>	\$ <u>4790.98</u>	\$ <u>6134.98</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ <u>3543.28</u>	\$ <u>2539.07</u>	\$ <u>6082.35</u>
9. Loans Made ..... Schedule H, Line 7			
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9	\$ <u>3543.28</u>	\$ <u>2539.07</u>	\$ <u>6082.35</u>
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5			
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11	\$ <u>3543.28</u>	\$ <u>2539.07</u>	\$ <u>6082.35</u>

## Current Cash Statement

13. Beginning Cash Balance ..... Previous Summary Page, Line 17	\$ <u>2351.91</u>
14. Cash Receipts ..... Column A, Line 3 above	<u>1344.00</u>
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
16. Cash Payments ..... Column A, Line 10 above	<u>3543.28</u>
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16 If this is a termination statement, Line 17 must be zero.	\$ <u>52.63</u>

\* 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).

ENDING CASH BALANCE SHOULD  
NOT BE A NEGATIVE AMOUNT

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>6134.98</u>	<u>6134.98</u>
22. Expenditures Made	\$ <u>6082.35</u>	<u>6082.35</u>

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents ..... See Instructions on reverse	\$ _____
20. Outstanding Debts ..... Add Line 2 + Line 11 in Column C above	\$ <u>1,000</u>

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>OCT 20, 1996</u> through <u>DEC 31, 1996</u>	CALIFORNIA DISCLOSURE <b>490</b>
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>961523</u>

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Dec 19, 1996	Jerry L. Glenn 2443 MacArthur Lodi CALIF. 95242	retired	1,000 <sup>00</sup>	\$1,000.00	
			<b>SUBTOTAL \$</b> 1,000		

## Monetary Contributions Summary

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

**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>Dec 20, 1996</u>	CALIFORNIA 1996 FORM <b>490</b>
through <u>Dec 31, 1996</u>	
Page <u>4</u> of <u>4</u>	
I.D. NUMBER <u>961523</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE FOR Susan HITCHCOCK

**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>THR RECORD</u>	<u>N</u>			<u>127.39</u>
<u>DUNCAN PRESS 25 W. LUCIFORD Lodi CALIF.</u>	<u>L</u>		<u>BROCHURES</u>	<u>420.23</u>
<u>Lodi News Sentinel</u>	<u>N</u>			<u>2,995.66</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 \$ 3,543.28

**Payments and Contributions Made Summary**

- |   |                          |
|---|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                    | \$ <u>3,543.28</u>       |
| 2. Payments made this period of under \$100. (Do not itemize.)  | \$ _____                 |
| 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 \$ <u>3,543.28</u> |