

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>10-20-96</u> through <u>12-31-96</u>	Date Stamp <u>DEC 30 PM 4:11</u>	CALIFORNIA 1994 FORM 490
Date of election if applicable: (Month, Day, Year) <u>11-5-96</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
Colleen Dixon

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
333 HILBORN ST

CITY WOOD STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE 9164202918

COMMITTEE NAME
Colleen Dixon for City Council I.D. NUMBER

COMMITTEE ADDRESS (NO. AND STREET)
333 HILBORN ST

CITY WOOD STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE 9164202918

NAME OF TREASURER
Colleen Dixon

PERMANENT ADDRESS OF TREASURER (NO.)
333 HILBORN ST

CITY WOOD STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE 9164202918

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
COMMITTEE ADDRESS	
CITY	

I have used all reasonable diligence in preparing this statement, I have reviewed true and complete. I certify under penalty of perjury under the laws of the State of

12-30-96 Wood CA
DATE CITY AND STATE

the best of my knowledge the information contained herein foregoing is true and correct.

Colleen Dixon
SIGNATURE OF CANDIDATE/OFFICEHOLDER

complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12-30-96 At Wood CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

By Colleen Dixon
SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

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>10-20-96</u> through <u>12-31-96</u>	CALIFORNIA 1994 FORM 490
Page <u>2</u> of <u>4</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Celler Dixon

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>701.00</u>	\$ <u>1362</u>	\$ _____
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>701</u>	\$ <u>1362</u>	\$ _____
4. Non-monetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>4050</u>	\$ _____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ <u>701</u>	\$ <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	\$ _____	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>1952.28</u>	\$ <u>11072</u>	\$ _____
9. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ _____
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>1952.28</u>	\$ <u>11072</u>	\$ _____
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	\$ <u>0</u>	\$ _____	\$ _____
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>1952.28</u>	\$ <u>11072</u>	\$ _____

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>1751.28</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>701.00</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments Column A, Line 10 above	\$ <u>1952.28</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>0</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).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ <u>0</u>
19. Cash Equivalents See instructions on reverse	\$ <u>0</u>
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ <u>0</u>

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	\$ <u>2063.00</u>
22. Expenditures Made	\$ _____	\$ <u>2063.00</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>10-20-94</u> through <u>12-31-94</u>	CALIFORNIA LEGISLATURE 490
Page <u>3</u> of <u>4</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Colleen O'Sherry Colleen Dixon For City Council

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)
SUBTOTAL \$					

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.) \$ 701.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 701.00

**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>10-20-96</u> through <u>12-31-96</u>	CALIFORNIA 1994 FORM 490
Page <u>4</u> of <u>4</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Colleen 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.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Lesi Printing Co.</u>	<u>O</u>		<u>LAWNSIGNS</u>	<u>\$242.44</u>
<u>TARGET COMMUNICATIONS</u>	<u>O</u>		<u>FEES</u>	<u>\$502.90</u>
<u>Lesi News Sentinel</u>	<u>N</u>		<u>ADS</u>	<u>1146.94</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 \$ 1952.28

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>1952.28</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>0</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>0</u>
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>1952.28</u>