

Officeholder, Candidate and Controlled Committee Campaign Statement - Long Form

Type or print in ink.

COVER PAGE - LONG FORM

(Government Code Sections 84900-84216.5)

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 Statement
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from <u>Jan 1, 1996</u> through <u>June 30, 1996</u>	Date Stamp RECEIVED 05 JUL 29 AM 8:10 CALIFORNIA STATE OFFICE	CALIFORNIA 1994 FORM 490 Page <u>1</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year)		

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

NAME OF OFFICEHOLDER OR CANDIDATE
Jack A. Sieglock

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member, Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
1702 Timberlake Circle

CITY <u>Lodi</u>	STATE <u>CA</u>	ZIP CODE <u>95242</u>	AREA CODE/DAYTIME PHONE <u>209/368-6521</u>
---------------------	--------------------	--------------------------	--

COMMITTEE NAME <u>Citizens for Sieglock</u>	I.D. NUMBER <u>943030</u>
--	------------------------------

COMMITTEE ADDRESS (NO. AND STREET)
1702 Timberlake Circle

CITY <u>Lodi,</u>	STATE <u>CA</u>	ZIP CODE <u>95242</u>	AREA CODE/DAYTIME PHONE <u>209/368-6521</u>
----------------------	--------------------	--------------------------	--

NAME OF TREASURER
Larry M. Solari, CPA

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
Post Office Box 1607

CITY <u>Stockton</u>	STATE <u>CA</u>	ZIP CODE <u>95201</u>	AREA CODE/DAYTIME PHONE <u>209/943-2222</u>
-------------------------	--------------------	--------------------------	--

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 7-25-96 At Stockton, CA
DATE CITY AND STATE

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 _____ At _____
DATE CITY AND STATE

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on 7-25-96 At Lodi, CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

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>Jan 1, 1996</u>	CALIFORNIA 1994 FORM 490
through <u>June 30, 1996</u>	Page <u>2</u> of <u>3</u>
I.D. NUMBER <u>943030</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Jack A. Sieglock
Citizens for Sieglock

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

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>273.00</u>	\$ _____	\$ <u>273.00</u>
9. Loans Made Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>273.00</u>	\$ _____	\$ <u>273.00</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>273.00</u>	\$ _____	\$ <u>273.00</u>

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 7	\$ <u>3316.00</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>-0-</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>149.00</u>
16. Cash Payments Column A, Line 10 above	\$ <u>273.00</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>3192.00</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) _____

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>-0-</u>

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received . . . \$	_____	\$ <u>-0-</u>
22. Expenditures Made \$	_____	\$ <u>273.00</u>

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>Jan 1, 1996</u>	CALIFORNIA 1994 FORM	490
through <u>June 30, 1996</u>	Page <u>3</u> of <u>3</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Jack A. Sieglock Citizens for Sieglock		I.D. NUMBER 943030

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 Jack A. Sieglock
 Citizens for Sieglock

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

Important: Contributions and expenditures made out of campaign funds to or on behalf of 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.)	\$	_____ 273.00
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 \$	_____ 273.00