

**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>1/1/95</u> through <u>6/30/95</u>	Date Stamp <b>RECEIVED</b> 95 JUL 31 PM 4:13 CLARENCE A. PEREZ CITY CLERK	<p>Page <u>1</u> of <u>2</u></p> <p>For Official Use Only</p>
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**I Officeholder, Candidate, and Controlled Committee Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

Bob W FISHER

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

418 N Fairmont

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

LODI CA 95240 2093343927

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

Committee to Elect Bob FISHER I.D. NUMBER 922915

COMMITTEE ADDRESS (NO. AND STREET)

418 N Fairmont I.D. NUMBER 95240 209334-3927

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME OF TREASURER

Robert W FISHER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

418 N Fairmont

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA 95240

**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 7/31/95 At LODI CA

By Robert W Fisher 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 7/31/95 At LODI CA

By Bob Fisher 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.

STATEMENT SUMMARY PAGE

Statement covers period		CALIFORNIA 1994 FORM <b>490</b>
from	11/1/95	
through	6/30/95	Page <u>2</u> of <u>2</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Committee to Elect Bob FIKHER		922915

SEE INSTRUCTIONS ON REVERSE

## 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	\$ 0	\$ 1203.86	\$ 1203.86
2. Loans Received	Schedule B, Line 7	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 1203.86	\$ 1203.86
4. Non-monetary Contributions	Schedule C, Line 3	\$ 0	95.00	95.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 0	\$ 1298.86	\$ 1298.86
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 0	\$ 1298.86	\$ 1298.86

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 0	\$ 1198.86	\$ 1198.86
9. Loans Made	Schedule H, Line 7	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 0	\$ 1198.86	\$ 1198.86
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ 0	917.58	917.58
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 0	\$ 2116.44	\$ 2116.44

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 5.60
14. Cash Receipts	Column A, Line 3 above	\$ 0
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
16. Cash Payments	Column A, Line 10 above	\$ 0
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 5.60

*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

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ 0	\$ 0
22. Expenditures Made	\$ 0	\$ 0

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ 0
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 917.58