

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>01-01-94</u> through <u>09-30-94</u>	Date Stamp RECEIVED 94 SEP 30 PM 4:31 JANUARY 11, PERRO CITY CLERK	Page <u>1</u> of <u>4</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) 11-08-94		

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 STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 368-6521
COMMITTEE NAME I.D. NUMBER
Citizens for Sieglock
COMMITTEE ADDRESS (NO. AND STREET)
1702 Timberlake Circle
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 368-6521
NAME OF TREASURER
Larry M. Solari
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
Post Office Box 1607
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Stockton CA 95201 (209) 943-2222

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 10-5-94 At Stockton, CA

By Larry M. Solari
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 10/9/94 At Lodi, CA

By Jack A. Sieglock
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

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		1994 JAN 1 10 10 AM 1994
from	01-01-94	
through	09-30-94	Page 2 of 4
		I.D. NUMBER

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	\$ 1,140	\$ -0-	\$ 1,140
2. Loans Received	Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,140	\$ -0-	\$ 1,140
4. Non-monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 1,140	\$ -0-	\$ 1,140
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 1,140	\$ -0-	\$ 1,140

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 207	\$ -0-	\$ 207
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 207	\$ -0-	\$ 207
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 207	\$ -0-	\$ 207

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ -0-
14. Cash Receipts	Column A, Line 3 above	1,140
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	207
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 933

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ -0-
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$ -0-
20. Outstanding Debts	Add Line 2 + Line 18 in Column C above	-0-

* 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	\$ _____	_____
22. Expenditures Made	\$ _____	_____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	
from 01-01-94	200 940
through 09-30-94	
Page 3 of 4	
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Jack A. Sieglock Citizens for Sieglock

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)
9/30/94	Vickie Van Steenberge 1029 S. School Street Lodi, CA 95240	President Lodi Iron Works	200	200	
SUBTOTAL \$			200		

Monetary Contributions Summary

1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 200
2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 940
3. Total monetary contributions received this period

**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	01-01-94	
through	04-30-94	Page 4 of 4
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Jack A. Sieglock Citizens for Sieglock		

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Jack A. Sieglock Citizens for Sieglock

I.D. NUMBER

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
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "I" - INDEPENDENT EXPENDITURES
- "F" - FUNDRAISING EVENTS
- "L" - LITERATURE

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION <small>(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)</small>	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.S. Postmaster	L			145

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 \$ 145

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 145
2. Payments made this period of under \$100. (Do not itemize.)	\$ 62
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u> </u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u> </u>
5. Total payments made this period. (Add lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 9.)	\$ <u> </u>