

**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 10/01/94  
through 10/22/94

Date of election if applicable:  
(Month, Day, Year)  
11/9/94

Date Stamp

RECEIVED  
COURTESY  
JANUARY 11 1995  
COUNTY CLERK

CALIFORNIA 1994 FORM **490**

Page 1 of 4  
For Official Use Only

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

NAME OF OFFICEHOLDER OR CANDIDATE  
Brian C. Ochoa

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)  
1040 W. Kettleman Ln # 1B-189

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi CA 95240 209-333-1308

COMMITTEE NAME I.D. NUMBER  
Committee To Elect Brian C. Ochoa 942803

COMMITTEE ADDRESS (NO. AND STREET)  
1040 W. Kettleman Ln. #1B-189

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi CA 95240 209-333-1308

NAME OF TREASURER  
Sue Linkemyer

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
613 CALAVERAS ST.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi CA 95240 209-368-8985

**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 10/25/94 At Lodi, CA

By Sue Linkemyer  
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 10/25/94 At Lodi, CA

By Brian C. Ochoa  
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 covers period from <u>10-01-94</u>	CALIFORNIA 1994 FORM <b>490</b>
through <u>10-22-94</u>	
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Brian C. Ochoa - Committee To Elect Brian C. Ochoa

I.D. NUMBER

942803

**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>774.10</u>	\$ <u>2,488.66</u>	\$ <u>3,262.76</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>2,300.00</u>	\$ <u>2,300.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>774.10</u>	\$ <u>4,788.66</u>	\$ <u>5,562.76</u>
4. Non-monetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>110.86</u>	\$ <u>110.86</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) ..... Add Lines 3 + 4	\$ <u>774.10</u>	\$ <u>4,899.52</u>	\$ <u>5,673.62</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) ..... Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6	\$ <u>774.10</u>	\$ <u>4,899.52</u>	\$ <u>5,673.62</u>

**Expenditures Made**

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ <u>749.10</u>	\$ <u>4,762.22</u>	\$ <u>5,511.32</u>
9. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9	\$ <u>749.10</u>	\$ <u>4,762.22</u>	\$ <u>5,511.32</u>
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11	\$ <u>749.10</u>	\$ <u>4,762.22</u>	\$ <u>5,511.32</u>

**Current Cash Statement**

13. Beginning Cash Balance ..... Previous Summary Page, Line 17	\$ <u>26.44</u>
14. Cash Receipts ..... Column A, Line 3 above	\$ <u>774.10</u>
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments ..... Column A, Line 10 above	\$ <u>749.10</u>
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>51.44</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**

	1/1 through 6/30	7/1 to Date
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>2,300.00</u>	
21. Contributions Received	\$ <u>5,673.62</u>	\$ <u>5,673.62</u>
22. Expenditures Made	\$ <u>5,511.32</u>	\$ <u>5,511.32</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>10-01-94</u> through <u>10-22-94</u>	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>3</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>BRIAN C. OCHOA - Committee To Elect BRIAN C. OCHOA</u>	I.D. NUMBER <u>942803</u>
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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**

- 1. Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- 2. Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 774.10
- 3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 774.10

**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>10-01-94</u> through <u>10-22-94</u>	CALIFORNIA 994 FORM <b>490</b> Page <u>4</u> of <u>4</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>BRIAN C. OCHOA - Committee To Elect BRIAN C. OCHOA</u>	
I.D. NUMBER <u>942803</u>	

SEE INSTRUCTIONS ON REVERSE

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

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>Lodi News Sentinel P.O. Box 1360 Lodi, CA 95241</u>	<u>N</u>			<u>\$590.00</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 \$**

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>590.00</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>159.10</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>749.10</u>