

**Officeholder Candidate,
and Controlled Committee
Campaign Statement — Long Form**

Type or print in Ink.

COVER PAGE - G FORM

(Government Code Sections 84200-84216.5)

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

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	Date Stamp RECEIVED 05 JAN 31 AM 8:49 JENNIFER H. PERIN CITY CLERK	CALIFORNIA 554 FORM 490
Date of election if applicable: (Month, Day, Year) <u>11/8/94</u>	Page <u>1</u> of <u>6</u> For Official Use Only	

**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 943030

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 1/25/95 At Stockton, CA

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 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 1/27/95 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

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.

State of California Fair Political Practices Commission

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM 490 Page <u>2</u> of <u>6</u>
I.D. NUMBER 943030	

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	\$ 1,942	\$ 6,737	\$ 8,679
2. Loans Received Schedule B, Line 7		-0-	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,942	\$ 6,737	\$ 8,679
4. Non-monetary Contributions Schedule C, Line 3		-0-	
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ 1,942	\$ 6,737	\$ 8,679
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7		-0-	
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ 1,942	\$ 6,737	\$ 8,679

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 3,297	\$ 2,034	\$ 5,331
9. Loans Made Schedule H, Line 7		-0-	
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ 3,297	\$ 2,034	\$ 5,331
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5		-0-	
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ 3,297	\$ 2,034	\$ 5,331

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 4,703
14. Cash Receipts Column A, Line 3 above	1,942
15. Miscellaneous Increases to Cash Schedule I, Line 4	
16. Cash Payments Column A, Line 10 above	3,297
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ 3,348

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

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	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM 490
	Page <u>3</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

943030

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)
10/24/94	Vanderlans & Sons, Inc. P.O. Box 758 Lodi, CA 95241-0758		100	100	
11/01/94	Primo Castagno 4782 E. Armstrong Road Lodi, CA 95240	Pharmacist Happell's Pharmacy	100	100	
10/23/94	Jasbir S. Gill, M.D. 2800 N. California, No. 10 Stockton, CA 95204	Self-Employed Physician	100	100	
11/10/94	Paul Johnson 11930 Cragwood Way Potomac, MD 20854	Consultant Fleishman & Hillar	100	100	
11/17/94	A.G. Spanos 1341 W. Robinhood Drive Stockton, CA 95207	President A.G. Spanos Companies	100	100	
SUBTOTAL \$			500		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,000
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 942
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,942

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (cont.)

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM 490
	Page <u>4</u> of <u>6</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Jack A. Sieglock Citizens for Sieglock</u>	I.D. NUMBER <u>943030</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)
10/27/94	PG&E Employees' State/Local Political Action Committee P.O. Box 770000 San Francisco, CA 94177		250	250	
11/07/94	R.E. Sanborn P.O. Box 1057 Lodi, CA 95241	Self-Employed The Chevy Man	250	250	

SUBTOTAL \$	500
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**Schedule E
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period from <u>10/23/94</u>	CALIFORNIA FORM 490
through <u>12/31/94</u>	
Page <u>5</u> of <u>6</u>	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
Lodi News Sentinel P.O. Box 1360 Lodi, CA 95241	N			1,829
The Record 530 E. Market Street Stockton, CA 95202	N			365
U.S. Postmaster 120 E. School Street Lodi, CA 95240	L			914

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 \$ 3,108

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more: (Include all Schedule E subtotals.)	\$ <u>3,295</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>2</u>
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 \$ <u>3,297</u>

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E (cont.)

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM 490
	Page <u>6</u> of <u>6</u>
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

- | | | |
|---|---|---|
| "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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kinko's 944 W. Robinhood Drive Stockton, CA 95207	L			187

SUBTOTAL \$ 187