

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

Type or print in Ink.

COVER PAGE - IG FORM

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>Oct. 23, 1994</u> through <u>Dec. 31, 1994</u>	Date Stamp RECEIVED 65 JAN -5 PM 2:4 JANUARY 5 1995 CITY CLERK	CALIFORNIA 1994 FORM 490
Date of election if applicable: (Month, Day, Year) <u>November 8, 1994</u>	Page <u>1</u> of <u>6</u> For Official Use Only	

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.)

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

NAME OF OFFICEHOLDER OR CANDIDATE
David P. Warner

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
711 Willow Glen Drive

CITY Lodi, STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE (209)368-5175

COMMITTEE NAME
Committee to Elect David P. Warner I.D. NUMBER 942721

COMMITTEE ADDRESS (NO. AND STREET)
711 Willow Glen Drive

CITY Lodi, STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE (209)368-5175

NAME OF TREASURER
David P. Warner

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
711 Willow Glen Drive

CITY Lodi, STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE (209)368-5175

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 Jan. 3, 1995 At Lodi, CA

By David P. Warner
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 Jan. 3, 1995 At Lodi, CA

By David P. Warner
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>Oct. 23, 1994</u> through <u>Dec. 31, 1994</u>	CALIFORNIA 1994 FORM 490
Page <u>2</u> of <u>6</u>	I.D. NUMBER 942721

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
David P. Warner

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	\$ 1456.86	\$ 7976.00	\$ 9432.86
2. Loans Received	Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1456.86	\$ 7976.00	\$ 9432.86
4. Non-monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 1456.86	\$ 7976.00	\$ 9432.86
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 1456.86	\$ 7976.00	\$ 9432.86

Expenditures Made		Column A	Column B*	Column C
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 6220.59	\$ 3212.27	\$ 9432.86
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 6220.59	\$ 3212.27	\$ 9432.86
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	(161.10)	161.10	-0-
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 6059.49	\$ 3373.37	\$ 9432.86

Current Cash Statement		Column A
13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 4763.73
14. Cash Receipts	Column A, Line 3 above	1456.86
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	6220.59
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 If this is a termination statement, Line 17 must be zero.	\$ -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).

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ -0-
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Cash Equivalents and Outstanding Debts		Column A
19. Cash Equivalents	See Instructions on reverse	\$ -0-
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ -0-

Summary for Candidates in Both June and November Elections	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$	9432.86
22. Expenditures Made	\$	9432.86

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>Oct. 23, 1994</u> through <u>Dec. 31, 1994</u>	CALIFORNIA USE FORM 490
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I.D. NUMBER 942721	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
David P. Warner

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.) \$ 1456.86
- 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1456.86

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

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

EDULE E

Statement covers period from <u>Oct. 23, 1994</u> through <u>Dec. 31, 1994</u>	CALIFORNIA STATE FORM 490
Page <u>4</u> of <u>6</u>	
I.D. NUMBER 942721	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

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
Postmaster 120 S. School Street Lodi, CA 95240			Postage	1504.68
The Record 101 W. Locust Street Lodi, CA 95240	N			383.04
Lodi Printing Company P. O. Box 479 Lodi, CA 95241	L			385.75

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 \$ 2273.47

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 6059.49
2. Payments made this period of under \$100. (Do not itemize.)	\$ -0-
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ -0-
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 161.10
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 \$ 6220.59

**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>Oct. 23, 1994</u> through <u>Dec. 31, 1994</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

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
Photo Instant Print 222 W. Pine Street Lodi, CA 95240	L			621.22
Lodi News-Sentinel 125 N. Church Street Lodi, CA 95240	N			3037.83
Wrights Stationers 105 S. School Street Lodi, CA 95240			Supplies	71.72
Lodi Office Products 21 N. School Street Lodi, CA 95240			Supplies	55.25

SUBTOTAL \$ 3786.02

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

EDULE F

Statement covers period from <u>Oct. 23, 1994</u> through <u>Dec. 31, 1994</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
David P. Warner

CODES FOR CLASSIFYING EXPENDITURES

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- | | | |
|--|--|--|
| "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 SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ -0-

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ -0-
2. Accrued expenses this period of under \$100. (Do not itemize.)	\$ -0-
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)	INCURRED TOTAL \$ -0-
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	PAID TOTAL \$ (161.10)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	NET \$ (161.10)

May be a negative number.