

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

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAC **ONG FORM**

CALIFORNIA 1994 FORM **490**

Page _____ of _____

For Official Use Only

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 Oct. 23, 1994
through JAN 12, 1995

Date of election if applicable:
(Month, Day, Year)
Nov. 8, 1994

Date Stamp
RECEIVED
JAN 13 AM 9:46
COUNTY CLERK
FILE OFFICE

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

NAME OF OFFICEHOLDER OR CANDIDATE
John L. Young

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
600 TARA PLACE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 2093343864

COMMITTEE NAME I.D. NUMBER
Committee to Elect 942850

COMMITTEE ADDRESS (NO. AND STREET)
John L. Young for City Council

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
600 TARA PLACE
Lodi CA 95240 2093343864

NAME OF TREASURER
John L. Young

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
600 TARA PLACE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 2093343864

II Other Committees Not included in this Statement

COMMITTEE NAME	I.D. NUMBER
	<u>942850</u>

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 12, 1995 At Lodi CA

By John L. Young
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 Jan 12, 1995 At Lodi CA

By John L. Young
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

**Allocation Page — Part I
Contributions and Independent Expenditures
Made From Campaign Funds**

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

ALLOCATION - PART I

Statement covers period from <u>Oct. 23, 1994</u> through <u>JAN 12, 1995</u>	CALIFORNIA 1994 FORM 490
Page _____ of _____	I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect John L. Young for City Council

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

*See reverse regarding independent expenditures. SUBTOTAL \$ None

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART I SUMMARY

- Contributions and independent expenditures of \$100 or more made this period from campaign funds. (Include all Allocation Page — Part I subtotals.) \$ _____
- Contributions and independent expenditures under \$100 made this period from campaign funds. (Do not itemize.) \$ _____
- Total contributions and independent expenditures made this period from campaign funds. (Do not carry this total to the Summary Page.) TOTAL \$ None

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>Oct 23, 1994</u> through <u>JAN 12, 1995</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect John L. Young For City Council

I.D. NUMBER

942850

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>198⁰⁰</u>	\$ <u>3251⁵⁹</u>	\$ <u>3449⁵⁹</u>
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>198⁰⁰</u>	\$ <u>3251⁵⁹</u>	\$ <u>3449⁵⁹</u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>198⁰⁰</u>	\$ <u>3251⁵⁹</u>	\$ <u>3449⁵⁹</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>198⁰⁰</u>	\$ <u>3251⁵⁹</u>	\$ <u>3449⁵⁹</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>309³⁵</u>	\$ <u>3140²⁴</u>	\$ <u>3449⁵⁹</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>309³⁵</u>	\$ <u>3140²⁴</u>	\$ <u>3449⁵⁹</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>309³⁵</u>	\$ <u>3140²⁴</u>	\$ <u>3449⁵⁹</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>111³⁵</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>198⁰⁰</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>309³⁵</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>0</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

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>0</u>

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>0</u>	\$ <u>3449⁵⁹</u>
22. Expenditures Made	\$ <u>0</u>	\$ <u>3449⁵⁹</u>

Cash Equivalents and Outstanding Debts

**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>JAN 12, 1995</u>	CALIFORNIA 1994 FORM 490
Page _____ of _____	I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To

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.) \$ 198⁰⁰
- 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 198⁰⁰

**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>Oct 23, 1994</u> through <u>Jan 12, 1995</u>	CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee To Elect John L. Young For City Council</u>	I.D. NUMBER <u>942850</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 \$ None

**Schedule B — Part I
Loans Received**

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

SCHEDULE B - Part I

Statement covers period from <u>Oct 23, 1994</u> through <u>Jan 13, 1995</u>	CALIFORNIA 99 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee To Elect John L. Young for City Council</u>	I.D. NUMBER <u>942850</u>
--	------------------------------

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER

*See important instructions on reverse.

SUBTOTAL \$ (a)	\$ (b)	Enter (b) on Summary Page, Line 18 only.
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Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ _____
- Loans under \$100 received this period. (Do not itemize.) \$ _____
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ _____

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ (None)
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

Schedule B — Part I (Continuation Sheet)
Loans Received

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

SCHEDULE B - Part I (cont.)

Statement covers period from <u>Oct 23, 1994</u> through <u>Jan 12, 1995</u>	CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Committee To Elect John L. Young for City Council

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____

*See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$ ^(a) None

\$ ^(b) Enter (b) on Summary Page, Line 18 only.

Schedule B — Part III
Annual Report of Outstanding Loans Received

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

SCHEDULE B - Part III

Statement covers period
from Oct. 23, 1994
through Jan 12, 1995

CALIFORNIA 1994 FORM **490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect John L. Young for City Council

I.D. NUMBER

942850

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$ <i>None</i>	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

Schedule C
Non-Monetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>Oct 23, 1994</u> through <u>Jan. 12, 1995</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect John L. Young San City Council

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ _____

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 0

Schedule D
Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

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

SCHEDULE D

Statement covers period from <u>Oct. 23, 1994</u>	CALIFORNIA 1994 FORM 490
through <u>Jan. 12, 1995</u>	
Page _____ of _____	

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect John L. Young San City Council

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 PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Attach additional information on appropriately labeled continuation sheets.			SUBTOTALS \$	(a)	(b)	

Enforceable Promises Received Summary

- Promises received of \$100 or more this period (Column (a)). \$ _____
- Promises received under \$100 this period.
(Do not itemize.) \$ _____
- Total promises received this period.
(Add Lines 1 and 2.) TOTAL \$ None
- Payments received on promises of \$100 or more this period.
(Column (b)). \$ _____
- Payments received on promises under \$100 this period.
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ _____
- Total payments received.
(Add Lines 4 and 5.) TOTAL \$ (None)
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) NET \$ _____
May be a negative number.

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

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

CCHEDULE E

Statement covers period from <u>Oct. 23, 1994</u>	CALIFORNIA 1994 FORM 490
through <u>Jan. 12, 1995</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect John L. Young for City Council

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
<u>Northern California Shriners Hospital</u>	<u>1</u>		<u>DONATION</u>	<u>203²¹</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>203²¹</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>105⁶⁴</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>309³⁵</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>Oct 23, 1994</u>	CALIFORNIA 1994 FORM 490
through <u>Jan 12, 1995</u>	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect John L. Young For City Council

I.D. NUMBER

947850

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

SUBTOTAL \$ *None*

Schedule F
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>Oct 23 1994</u>	CALIFORNIA 1994 FORM 490
through <u>Jan 12 1995</u>	
Page _____ of _____	I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect John C. Young for City Council

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
- *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- *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 \$

Accrued Expenses Summary

- 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$ _____
- 2. Accrued expenses this period of under \$100. (Do not itemize.) \$ _____
- 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) INCURRED TOTAL \$ None
- 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) PAID TOTAL \$ (None)
- 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 \$ _____

May be a negative number.

**Schedule
Payments Made by an Agent or Independent
Contractor (on Behalf of an Officeholder or
Candidate)**

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

SCHEDULE G

Statement covers period from <u>Oct 23, 1994</u> through <u>Jan 12, 1995</u>	CALIFORNIA 1994 FORM 490
Page _____ of _____	I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect John L. Young for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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.

- | | |
|---|---|
| "L" -- LITERATURE | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "B" -- BROADCAST ADVERTISING | "F" -- FUNDRAISING EVENTS |
| "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED) |
| "O" -- OUTSIDE ADVERTISING | |

NAME AND ADDRESS OF PAYEE OR CREDITOR (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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ None

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

**Schedule H — Part I
Loans Made to Others**

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

SCHEDULE H - Part I

Statement covers period from <u>Oct 23, 1994</u>	CALIFORNIA 1994 FORM 490
through <u>Jan 12, 1995</u>	
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee To Elect John L. Young San City Council</u>	I.D. NUMBER <u>942850</u>
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DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT <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>	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$

Loans Made to Others — Part I Summary

- 1. Loans of \$100 or more made this period.
(Include all Loans Made — Part I subtotals.) \$ _____
- 2. Loans under \$100 made this period.
(Do not itemize.) \$ _____
- 3. Total loans made this period.
(Add Lines 1 and 2.) **TOTAL \$** _____

Loans Repayments Received — Part II Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ _____
- 5. Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$ _____
- 6. Total loan payments received this period.
(Add Lines 4 and 5.) **TOTAL \$** (None)
- 7. Net change this period. (Subtract Line 6 from Line 3.
Enter the net here and on the Summary Page, Column A, Line 9.) **NET \$** _____

May be a negative number.

**Schedule H — Part I
Loans Made to Others
(Continuation Sheet)**

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

SCHEDULE H - Part I (cont.)

Statement covers period
from Oct 23 1994
through Jan 12 1995

CALIFORNIA
1994 FORM **490**

Page _____ of _____

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Lyle G. Young for City Council

I.D. NUMBER

942850

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT <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>	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ *None*

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>Oct. 23, 1994</u> through <u>Jan. 12, 1995</u>	CALIFORNIA 1994 FORM 490
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

942850

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (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)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ None

Miscellaneous Increases to Cash Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Increases to cash under \$100 this period. (Do not itemize.) \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) TOTAL \$ None