CANDIDATE AND OFFI(,OLDER CAMPAIGN STATEMENT—(G FORM
AND
CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)

Type or Print in Ink

Statement covers period 3/27/88 through 6/30/88

FORM 490
1988

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.

- [ ] PRE-ELECTION STATEMENT
- [ ] SEMI-ANNUAL STATEMENT
- [ ] SPECIAL ODD-YEAR CAMPAIGN REPORT
- [ ] TERMINATION STATEMENT Attach a Form 415 to this Form 490.
- [ ] SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

DATE OF ELECTION (MO. DAY YR.) (IF APPLICABLE)	TOTAL PAGES	A OFFICIAL USE ONLY
April 12 1988	5	

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER	OFFICE SOUGHT OR HELD (Include location and district number if applicable)
David M. Hinchman	

RESIDENTIAL ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE / PHONE NUMBER
1131 S. Pleasant	Lodi	Cal	95240	209 3331652

BUSINESS ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE / PHONE NUMBER
815 W. Locketford	Lodi	Cal	95240	209 3317409

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT (IF APPLICABLE)

NAME OF COMMITTEE	I.D. NUMBER
Committee to Elect David Hinchman	841105

ADDRESS OF COMMITTEE NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE / PHONE NUMBER
1131 S. Pleasant	Lodi	Calif	95240	209 3331652

NAME OF TREASURER: Millard Fore

PERMANENT ADDRESS OF TREASURER NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE / BUSINESS PHONE NUMBER
920 Elliot	Lodi	Cal	95240	209 369 5158

NAME OF COMMITTEE	I.D. NUMBER

ADDRESS OF COMMITTEE NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE / PHONE NUMBER

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE / BUSINESS PHONE NUMBER

** A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.*

Attach additional information or appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE? YES	NO

Attach additional information on appropriately labeled continuation sheets

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

I have used all reasonable diligence and, if one or more controlled committees are included in this report, 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 7/19/88 (Date) at Lodi Cal, (City and State) by [signature] (Signature of Candidate or Officeholder)

(ASURER(S) (if applicable):

I have used all reasonable diligence in preparing this 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 7/19/88 (Date) at Lodi Cal, (City and State) by Millard Fore (Signature of Treasurer)

Executed on ..... (Date) at ..... (City and State) by ..... (Signature of Treasurer)

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM 3/27/88 THROUGH 6/30/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE) 841105

CONTRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions	$ 540	$ 175.00 (SCHEDULE A, LINE 3)	$ 715.00
2. Loans received	0	0 (SCHEDULE B, LINE 7)	0
3. SUBTOTAL CASH RECEIPTS	$ 540 (LINES 1 + 2)	$ 175.00 (LINES 1 + 2)	$ 715.00 (LINES 1 + 2)
4. Non-monetary contributions	0	39.75 (SCHEDULE C, LINE 3)	39.75
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	540 (LINES 3 + 4)	214.75 (LINES 3 + 4)	754.75 (LINES 3 + 4)
6. Enforceable Promises (Except loan guarantees, see Line 18 below)		(SCHEDULE D, LINE 7)	
7. TOTAL CONTRIBUTIONS	$ 540 (LINES 5 + 6)	$ 214.75 (LINES 5 + 6)	$ 754.75 (LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B))
EXPENDITURES MADE			
8. Payments	$	$ 443.05 (SCHEDULE E, LINE 5)	$ 443.05
9. Loans Made		0 (SCHEDULE EE, LINE 7)	0
10. SUBTOTAL	(LINES 8 + 9)	443.05 (LINES 8 + 9)	443.05 (LINES 8 + 9)
11. Accrued expenses (unpaid bills)		(SCHEDULE F, LINE 5)	
12. TOTAL EXPENDITURES	$ 0 (LINES 10 + 11)	$ 443.05 (LINES 10 + 11)	$ 443.05 (LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B))

***IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR LINES 2, 6, 9 AND 11.**

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.)	$ 703.89	
14. Cash receipts this period (Line 3, Column B above)	175.00	
15. Miscellaneous increases to cash (Schedule G, Line 4)		
16. Cash payments this period (Line 10, Column B above)	443.05	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)		$ 435.84 (ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT)
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))		$
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse		$
20. Outstanding debts (Line 2 + Line 11 of Column C above)		$

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION *(See Instructions on Reverse)*

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		

SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/27/88 THROUGH 6/30/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE: David M. Hutchman

I.D. NUMBER (IF COMMITTEE) 841105

DATE REC'D	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 THE TREASURER'S NAME AND ADDRESS)	OCCUPATION / EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT: RECEIVED THIS PERIOD	AMOUNT: CUMULATIVE TO DATE
		Occupation: / Employer:		
		Occupation: / Employer:		
		Occupation: / Employer:		
		Occupation: / Employer:		
		Occupation: / Employer:		
		Occupation: / Employer:		
		Occupation: / Employer:		
		SUBTOTAL		

SUMMARY

1. AMOUNT RECEIVED -- CONTRIBUTIONS OF $100 OR MORE (Include all Schedule A subtotals) ..... $
2. AMOUNT RECEIVED -- CONTRIBUTIONS OF LESS THAN $100 (Not itemized) 175
3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page ..... $ 175

SCHEDULE C
NON-MONETARY CONTRIBUTIONS RECEIVED
FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/27/88 THROUGH 6/30/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE: David M. Hinchman

I.D. NUMBER (IF COMMITTEE) 841105

DATE REC'D.	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 THE TREASURER'S NAME AND ADDRESS)	OCCUPATION / EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT
3/12/88	David Mende 834 Wightman, Lodi	Occupation: Educator Employer: Lodi Unified Schools	lumber for yard signs	$39.75	$39.75
		Occupation: Employer:			
		Occupation: Employer:			
		Occupation: Employer:			
		Occupation: Employer:			
		Occupation: Employer:			
		Occupation: Employer:			
			SUBTOTAL	$39.75	

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF $100 OR MORE RECEIVED THIS PERIOD..... $ _____
2. NON-MONETARY CONTRIBUTIONS UNDER $100 RECEIVED THIS PERIOD (Not itemized)..... _____
3. TOTAL NON-MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + Line 2) Enter here and on Line 4 Column B of Summary Page..... $ 39.75

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE
FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM 3/27/88 THROUGH 6/30/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE: David M. Hinchman

I.D. NUMBER (IF COMMITTEE) 841105

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the back of page 12 for detailed explanations of each category.

- "C" -- MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OR MEASURES
- "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
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

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 THE TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
David Hinchman For Lodi News Sentinel	N	Campaign ads	443.05
		SUBTOTAL	443.05

IMPORTANT: Contributions and expenditures made out of campaign funds to or on behalf of *other* candidates or committees must also be entered on the Allocation Page, Page 2.

SUMMARY

1. PAYMENTS OF $100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals) ..... $ 443.05
2. PAYMENTS UNDER $100 THIS PERIOD (Not itemized) ..... _____
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d)) ..... _____
4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) ..... _____
5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page ..... $ 443.05