

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT—1 '88 FORM
AND

CONSOLIDATED CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)
Type or Print in Ink

PAGE 1 OF 2



FORM 490
1988

Statement covers period 7-1-88 through 12-31-88

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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

2

A

OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER <u>Susan Hitchcock Akin</u>		OFFICE SOUGHT OR HELD (Include location and district number if applicable)			
RESIDENTIAL ADDRESS NO AND STREET <u>141 S. Avena Ave.</u>	CITY <u>Lodi</u>	STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE / PHONE NUMBER <u>(209) 334-9362</u>	
BUSINESS ADDRESS NO AND STREET <u>200 S. Pleasant Ave.</u>	CITY <u>Lodi</u>	STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE / PHONE NUMBER <u>(209) 333-7580</u>	

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

NAME OF COMMITTEE <u>Committee For Susan Hitchcock-Akin</u>		CITY <u>Lodi</u>		STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE / PHONE NUMBER <u>(209) 334-9362</u>
ADDRESS OF COMMITTEE NO AND STREET <u>141 S. Avena Ave.</u>		CITY <u>Lodi</u>	STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE / PHONE NUMBER <u>(209) 334-9362</u>	
NAME OF TREASURER <u>Nancy Wall</u>		CITY <u>Lodi</u>		STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE / BUSINESS PHONE NUMBER <u>(209) 334-1101</u>
PERMANENT ADDRESS OF TREASURER NO AND STREET <u>1026 Port Chelsea Circle</u>		CITY <u>Lodi</u>	STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE / BUSINESS PHONE NUMBER <u>(209) 334-1101</u>	
NAME OF COMMITTEE		CITY		STATE	ZIP CODE	AREA CODE / PHONE NUMBER
ADDRESS OF COMMITTEE NO AND STREET		CITY	STATE	ZIP CODE	AREA CODE / PHONE NUMBER	
NAME OF TREASURER		CITY		STATE	ZIP CODE	AREA CODE / BUSINESS PHONE NUMBER
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.

CANDIDATE OR OFFICEHOLDER:

VERIFICATION

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 1-3-88 at Lodi, CA by [Signature]
(Date) (City and State) (Signature of Candidate or Officeholder)

I, [Name] (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 1-3-88 at Lodi, CA by [Signature]
(Date) (City and State) (Signature of Treasurer)

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

**CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420 OR 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM | THROUGH

7-1-88 | 12-31-88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

880541

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	\$ 1,168-	\$ 0	\$ 1,168-
2. Loans received	1,000-	0	1,000-
3. SUBTOTAL CASH RECEIPTS	\$ 2,168-	\$ 0	\$ 2,168-
4. Non-monetary contributions	0	0	0
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	2,168-	0	2,168-
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	0	0	0
7. TOTAL CONTRIBUTIONS	\$ 2,168	\$ 0	\$ 2,168-

EXPENDITURES MADE

8. Payments	\$ 2,061.75	\$ 0	\$ 2,061.75
9. Loans Made	0	0	0
10. SUBTOTAL	2,061.75	0	2,061.75
11. Accrued expenses (unpaid bills)	0	0	0
12. TOTAL EXPENDITURES	\$ 2,061.75	\$ 0	\$ 2,061.75

***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.)	\$ 106.25	
14. Cash receipts this period (Line 3, Column B above)	0	
15. Miscellaneous increases to cash (Schedule G, Line 4)	0	
16. Cash payments this period (Line 10, Column B above)	0	
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.)	\$ 106.25	ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))	\$ 0	
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse	\$ 0	
20. Outstanding debts (Line 2 + Line 11 of Column C above)	\$ 1,000-	

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:	2,168.00	0
22. EXPENDITURES MADE:	2,061.75	0