

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT FORM



FORM 490
1987

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

Statement covers period 7/1/87 through 12/31/87

RECEIVED

FEB -1 PM 3:27

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.
 PRE-ELECTION STATEMENT
 SEMI-ANNUAL STATEMENT
 SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

Alice M. Reimone
CITY CLERK
CITY OF LODI

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE): _____ TOTAL PAGES: 2 OFFICIAL USE ONLY: A

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER: David Michael Hinchman OFFICE SOUGHT OR HELD (Include location and district number if applicable): Member City Council
 RESIDENTIAL ADDRESS: NO. AND STREET: 1131 S. Pleasant CITY: Lodi STATE: Calif ZIP CODE: 95240 AREA CODE/PHONE NUMBER: 209 3331652
 BUSINESS ADDRESS: NO. AND STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE NUMBER: _____

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

NAME OF COMMITTEE: Committee to Elect David Hinchman I.D. NUMBER: 841105
 ADDRESS OF COMMITTEE: NO. AND STREET: 1131 S. Pleasant Ave CITY: Lodi STATE: Calif ZIP CODE: 95240 AREA CODE/PHONE NUMBER: 209 3331652

NAME OF TREASURER: Millard L. Fore
 PERMANENT ADDRESS OF TREASURER: NO. AND STREET: 920 Elliot Place CITY: Lodi STATE: Calif ZIP CODE: 95240 AREA CODE/BUSINESS PHONE NUMBER: 209 369 5158

NAME OF COMMITTEE: Same as above 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 Feb -1 1988 at Lodi, Calif by David M. Hinchman
(Date) (City and State) (Signature of Candidate or Officeholder)

TREASURER(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 2-1-88 at Lodi, Calif by Millard L. Fore
(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
7-1-87	12-31-87

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

David M. Hinckman

Member City Council

I.D. NUMBER (IF COMMITTEE)

841105

	COLUMN A Cumulative total from previous period *	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	\$ -0-	\$ -0- SCHEDULE A, LINE 3	\$ -0-
2. Loans received	-0-	-0- SCHEDULE B, LINE 7	-0-
3. SUBTOTAL CASH RECEIPTS	\$ -0- LINES 1 + 2	\$ -0- LINES 1 + 2	\$ -0- LINES 1 + 2
4. Non-monetary contributions	-0-	-0- SCHEDULE C, LINE 3	-0-
5. TOTAL CONTRIBUTIONS WITHOUT PLEDGES	-0- LINES 3 + 4	-0- LINES 3 + 4	-0- LINES 3 + 4
6. Pledges	-0-	-0- SCHEDULE D, LINE 7	-0-
7. TOTAL CONTRIBUTIONS	-0- LINES 5 + 6	-0- LINES 5 + 6	-0- LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)
EXPENDITURES MADE			
8. Payments	\$ -0-	\$ -0- SCHEDULE E, LINE 5	\$ -0-
9. Loans made	-0-	-0- SCHEDULE EE, LINE 7	-0-
10. SUBTOTAL	-0- LINES 8 + 9	-0- LINES 8 + 9	-0- LINES 8 + 9
11. Accrued expenses (unpaid bills)	-0-	-0- SCHEDULE F, LINE 5	-0-
12. TOTAL EXPENDITURES	\$ -0- LINES 10 + 11	\$ -0- LINES 10 + 11	\$ -0- 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 UNPAID LOANS RECEIVED, PLEDGES, OUTSTANDING LOANS MADE AND UNPAID BILLS (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 Closing Date" from previous statement filed.)	\$ <u>163.89</u>	
14. Cash receipts this period (Line 3, Column B above)	-0-	
15. Miscellaneous adjustments to cash (Schedule G, Line 8)	-0-	
16. Cash payments this period (Line 10, Column B above)	-0-	
17. Cash on hand at closing date (Lines 13 + 14 + 15 - 16 above)		\$ <u>163.89</u>
18. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse		\$ -0-
19. Outstanding debts (Line 2 + Line 11 of Column C above)		\$ 0 -0-

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

	1/1 thru 6/30	7/1 to date
20. CONTRIBUTIONS RECEIVED:		
21. EXPENDITURES MADE:		