

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE ONG FORM

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 <u>January 1, 94</u> through <u>June 30, 94</u>	Date Stamp RECEIVED 06 JUL 21 AM 9:37 JENNIFER M. PERRIN CLERK	CALIFORNIA ONG FORM 490
Date of election if applicable: (Month, Day, Year) <u>Nov 8, 1994</u>	Page <u>1</u> of <u>5</u> For Official Use Only	

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

NAME OF OFFICEHOLDER OR CANDIDATE
Phillip A. Pennino

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 942-1730

COMMITTEE NAME I.D. NUMBER
Committee To Elect Phillip Pennino 902421

COMMITTEE ADDRESS (NO. AND STREET)
1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 942-1730

NAME OF TREASURER
Matt McGladdery

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
751 Dorchester Circle

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 (209) 334-3497

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 7/20/94 At Lodi Calif
DATE CITY AND STATE

By Matt McGladdery
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 7/20/94 At Lodi Calif
DATE CITY AND STATE

By Phillip Pennino
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on 7-20-94 At Lodi CALIF
DATE CITY AND STATE

By Matt McGladdery
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

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.

**Campaign Disclosure Statement
Summary Page**

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

Statement covers period		CALIFORNIA 1994 FORM 490
from	1/1/94	
through	6/30/94	Page <u>2</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Phillip A. Pennino		902421

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

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	\$ 825 ⁰⁰	\$ 0	\$ 825 ⁰⁰
2. Loans Received	Schedule B, Line 7	\$ 0	\$ 1750 ⁰⁰	\$ 1750 ⁰⁰
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 825 ⁰⁰	\$ 1750 ⁰⁰	\$ 2575 ⁰⁰
4. Non-monetary Contributions	Schedule C, Line 3	\$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 825 ⁰⁰	\$ 0	\$ 2575 ⁰⁰
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 825 ⁰⁰	\$ 1750 ⁰⁰	\$ 2575 ⁰⁰

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 106 ⁶⁷	\$ 0	\$ 106 ⁶⁷
9. Loans Made	Schedule H, Line 7	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 106 ⁶⁷	\$ 0	\$ 106 ⁶⁷
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 106 ⁶⁷	\$ 0	\$ 106 ⁶⁷

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 556 ⁰⁰
14. Cash Receipts	Column A, Line 3 above	\$ 825 ⁰⁰
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
16. Cash Payments	Column A, Line 10 above	\$ 106 ⁶⁷
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 1274 ³³

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

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

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ 0
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 1750 ⁰⁰

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/94</u> through <u>6/30/94</u>	CALIFORNIA 1994 FORM 490
	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Phillip A. Pennino</u>	I.D. NUMBER <u>902421</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)
5/20/94	PG&E Employees State/Local Political Action Committee 77 Beale Street, San Francisco CA 94177 ID # 840409	Electric + Natural Gas Utility	250.00	250.00	ϕ
5/24/94	Bank of Stockton 301 E. Miner Ave. Stockton Ca 95202	Financial Institution	250.00	250.00	ϕ
5/18/94	General Mills, Inc Box 3002 Lodi, CA 95241-1906	Food Manufacturer	250.00	250.00	ϕ

SUBTOTAL \$ 750⁰⁰

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 750⁰⁰
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 75⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 825⁰⁰

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

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

SCHEDULE E

Statement covers period from <u>1/1/94</u> through <u>6/30/94</u>	CALIFORNIA STATE FORM 490
Page <u>5</u> of <u>5</u>	I.D. NUMBER <u>902421</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Phillip A. Pennino

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
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "O" - OUTSIDE ADVERTISING
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "I" - INDEPENDENT EXPENDITURES
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "L" - LITERATURE
- "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>Duncan Press, Inc. 25. W. Locheford Street Lodi, CA 95240</u>	<u>G</u>			<u>106.67</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 \$ 106.67

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>106.67</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>0</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>106.67</u>