

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

Type or print in ink.

COVER PAC LONG FORM

CALIFORNIA 1994 FORM **490**

Page 1 of 2

For Official Use Only

RECEIVED
94 JUL -1 AM 8:26
JENNIFER M. PERLIN
CITY CLERK

Statement covers period
from 1/1/94
through 6/30/94

Date Stamp

Date of election if applicable:
(Month, Day, Year)

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.)

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

NAME OF OFFICEHOLDER OR CANDIDATE
John Randolph Snider

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
2328 Brittany Lane

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 333-0900

COMMITTEE NAME I.D. NUMBER
Committee to Elect Randy Snider 820693

COMMITTEE ADDRESS (NO. AND STREET)
2328 Brittany Lane

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 333-0900

NAME OF TREASURER
Stephen C. Snider

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
2426 Grenoble Court

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 334-5144

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 7/1/94 At Lodi, California
DATE CITY AND STATE

By [Signature]
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 7/1/94 At Lodi, California
DATE CITY AND STATE

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
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.

SUMMARY PAGE

Statement covers period from <u>1/1/94</u> through <u>6/30/94</u>	CALIFORNIA 1994 FORM 490
	Page <u>2</u> of <u>2</u>
I.D. NUMBER 820693	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

John Randolph Snider

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	\$ 0.00	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 7	0.00	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 0.00	\$ 0.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	0.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ 0.00	\$ 0.00	\$ 0.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0.00	0.00	0.00
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ 0.00	\$ 0.00	\$ 0.00

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 0.00	\$ 0.00	\$ 0.00
9. Loans Made Schedule H, Line 7	0.00	0.00	0.00
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ 0.00	\$ 0.00	\$ 0.00
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	0.00	0.00	0.00
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ 0.00	\$ 0.00	\$ 0.00

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 1,085.00
14. Cash Receipts Column A, Line 3 above	0.00
15. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
16. Cash Payments Column A, Line 10 above	0.00
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 <i>If this is a termination statement, Line 17 must be zero.</i>	\$ 1,085.00

* 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)	\$ 0.00
19. Cash Equivalents See instructions on reverse	\$ 0.00
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ 0.00

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