



CANDIDATE, OFFICEHOLDER AND CONTROLLED COMMITTEE CAMPAIGN STATEMENT - LONG FORM

(Government Code Sections 84200-84216.5) (Type or Print in Ink)

Statement covers period 10/21/90 through 12/31/90

REVIEWED BY C. Murrell City Clerk/Dep. City Clerk Date 2/11/91

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FORM 490 1990

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, attach a completed Form 495 to this statement.)

TERMINATION STATEMENT Attach a completed Form 415 to this statement.

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE) November 6, 1990

FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

Jack A. Sieglock

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

Member, Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS:

1702 Timberlake Circle

NO. AND STREET

CITY

Lodi

STATE

CA

ZIP CODE

95242

AREA CODE/DAY TIME PHONE NUMBER

(209) 368-6521

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE:

Citizens for Sieglock

I. D. NUMBER

902318

ADDRESS OF COMMITTEE:

P. O. Box 2671

NO. AND STREET

CITY

Lodi

STATE

CA

ZIP CODE

95242

AREA CODE/DAY TIME PHONE NUMBER

(209) 368-6521

NAME OF TREASURER:

Larry M. Solari

P.O. Box 1607

Stockton

CA

95201

(209) 943-2222

PERMANENT ADDRESS OF TREASURER:

1044 N. El Dorado St.

NO. AND STREET

CITY

Stockton

STATE

CA

ZIP CODE

95202

AREA CODE/DAY TIME PHONE NUMBER

(209) 943-2222

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

Table with 4 columns: 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 TO THE BEST OF MY KNOWLEDGE THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT...

EXECUTED ON 1/31/91 AT Lodi, CA

BY [Signature] SIGNATURE OF CANDIDATE OR OFFICEHOLDER

TREASURER (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.

EXECUTED ON 1/31/91 AT Stockton, CA

BY [Signature] SIGNATURE OF TREASURER

**SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 10/21/90 THROUGH 12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Citizens for Sieglock

I.D. NUMBER
902318

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.....	\$ 3,795.00	\$ 1,937.00 <small>SCHEDULE A, LINE 3</small>	\$ 5,732.00
2. Loans received.....	2,000.00	(2,000.00) <small>SCHEDULE B, LINE 7</small>	-0-
3. SUBTOTAL CASH RECEIPTS.....	\$ 5,795.00 <small>LINES 1 + 2</small>	\$ 1,937.00 <small>LINES 1 + 2</small>	\$ 5,732.00 <small>LINES 1 + 2</small>
4. Non-monetary contributions.....	-0-	-0- <small>SCHEDULE C, LINE 3</small>	-0-
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	5,795.00 <small>LINES 3 + 4</small>	1,937.00 <small>LINES 3 + 4</small>	5,732.00 <small>LINES 3 + 4</small>
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	-0-	-0- <small>SCHEDULE D, LINE 7</small>	-0-
7. TOTAL CONTRIBUTIONS.....	\$ 5,795.00 <small>LINES 5 + 6</small>	\$ 1,937.00 <small>LINES 5 + 6</small>	\$ 5,732.00 <small>LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)</small>

EXPENDITURES MADE

8. Payments.....	\$ 3,133.70	\$ 4,598.30 <small>SCHEDULE E, LINE 5</small>	\$ 7,732.00
9. Loans Made.....	-0-	-0- <small>SCHEDULE EE, LINE 7</small>	-0-
10. SUBTOTAL.....	3,133.70 <small>LINES 8 + 9</small>	4,598.30 <small>LINES 8 + 9</small>	7,732.00 <small>LINES 8 + 9</small>
11. Accrued expenses (unpaid bills).....	-0-	-0- <small>SCHEDULE F, LINE 5</small>	-0-
12. TOTAL EXPENDITURES.....	\$ 3,133.70 <small>LINES 10 + 11</small>	\$ 4,598.30 <small>LINES 10 + 11</small>	\$ 7,732.00 <small>LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)</small>

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

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter amount from Summary Page, Line 17, from previous statement filed.).....	\$ 2,661.30	
14. Cash receipts this period (Line 3, Column B above).....	1,937.00	
15. Miscellaneous increases to cash (Schedule G, Line 4).....	-0-	
16. Cash payments this period (Line 10, Column B above).....	4,598.30	
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.).....		\$ -0-
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).....		\$ -0-

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 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Sieglock	I.D. NUMBER 902318
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DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
11/1/90	Antranik and Eloise Barsamian 820 Madrone Lane Patterson, CA 95363	Occupation: Pharmacist		\$500.00	CALENDAR YEAR: \$ 500.00
		Employer: Self employed			FISCAL YEAR: \$
11/1/90	Clarence W. & Janet Fortier, M.D. 120 So. Orange Lodi, CA 95240	Occupation: Physician		\$100.00	CALENDAR YEAR: \$ 100.00
		Employer: Self			FISCAL YEAR: \$
11/1/90	Bank of Stockton Robert Eberhardt, President 301 E. Miner Ave. Stockton, CA 95202	Occupation: Bank institution		\$500.00	CALENDAR YEAR: \$ 500.00
		Employer: Endorsed by President			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
SUBTOTAL				\$1,100.00	

SUMMARY

1. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals)	\$ 1,100.00
2. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized)	837.00
3. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page.....	\$ 1,937.00

SCHEDULE B -- LOANS RECEIVED (PART 1)
FORM 490
 (Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM 10/21/90	THROUGH 12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Sieglock	I.D. NUMBER 902318
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PART I: LOANS RECEIVED

DATE RECD.	FULL NAME AND ADDRESS OF LENDER <small>(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)</small>	OCCUPATION		INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMU- LATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>					
		Occupation:					CALENDAR YEAR \$
		Employer:					FISCAL YEAR \$
		Occupation:					CALENDAR YEAR \$
		Employer:					FISCAL YEAR \$
SUBTOTAL						(a)	

FULL NAME AND ADDRESS OF GUARANTOR <small>(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)</small>	OCCUPATION		AMOUNT GUARANTEED	
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		THIS PERIOD	CUMU- LATIVE TO DATE
NAME OF LENDER	Occupation:			CALENDAR YEAR \$
	Employer:			FISCAL YEAR \$
NAME OF LENDER	Occupation:			CALENDAR YEAR \$
	Employer:			FISCAL YEAR \$
SUBTOTAL <small>DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 1B OF THE SUMMARY PAGE.</small>			(b)	

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Include all Part 1 (a) subtotals) ...	\$ -0-	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized).....	-0-	
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2).....		-0-
4. LOANS OF \$100 OR MORE REPAID, FORGIVEN, OR PAID BY A THIRD PARTY THIS PERIOD (Include all Part 2, Column (c) subtotals) (If forgiven or paid by a third party, also itemize on Schedule A).....	2,000.00	
5. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A).....	-0-	
6. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5).....		2,000.00
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page.....		\$ (2,000.00)

(May be negative figure)

**SCHEDULE B -- LOANS RECEIVED (PART 2)
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

Citizens for Sieglock

I.D. NUMBER

902318

PART 2: LOAN REPAYMENTS MADE, LOANS FORGIVEN, AND LOANS PAID BY A THIRD PARTY

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INT. RATE (IF CHANGED)	CHECK IF APPLICABLE		AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
				FORGIVEN*	REPAID BY THIRD PARTY*			
11/9/90	8/20/90	Jack A. Sieglock				\$1,000.00	-0-	-0-
11/9/90	9/11/90	Jack A. Sieglock				\$1,000.00	-0-	-0-
*IMPORTANT: IF ANY PART OF A LOAN IS FORGIVEN OR REPAYED BY A THIRD PARTY, ITEMIZE ON SCHEDULE A THE PERSON FORGIVING THE LOAN OR THE THIRD PARTY MAKING THE PAYMENT AND THE AMOUNT FORGIVEN OR PAID WITH A NOTATION THAT IT IS A FORGIVEN LOAN, OR THIRD PARTY REPAYMENT OF LOAN.						(c) \$ 2,000.00	[REDACTED]	-0-
ENTER ON THE SUMMARY SECTION OF SCHEDULE E, LINE 3. DO NOT CARRY THIS TOTAL TO THE SCHEDULE B SUMMARY.							TOTAL INTEREST PAID THIS PERIOD	(d) \$

SCHEDULE B -- LOANS RECEIVED (PART 3)
ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

Citizens for Sieglock

I.D. NUMBER
902318

PART 3 – ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED – SEE INSTRUCTIONS ON REVERSE BEFORE COMPLETING.

FULL NAME OF THE LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Jack A. Sieglock	8/20/90	\$1,000.00	-0-	-0-
Jack A. Sieglock	9/11/90	\$1,000.00	-0-	-0-
TOTAL			\$ -0-	

(NOTE: THIS TOTAL SHOULD BE THE SAME AMOUNT AS ENTERED ON LINE 2, COLUMN C OF THE SUMMARY PAGE.)

**SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE** PAGE 7 OF 8
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Sieglock	I.D. NUMBER 902318
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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 code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

- | | |
|---|--|
| *C* - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER COMMITTEES | *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| *I* - INDEPENDENT EXPENDITURES | *F* - FUNDRAISING EVENTS |
| *L* - LITERATURE | *G* - GENERAL OPERATIONS AND OVERHEAD |
| *B* - BROADCAST ADVERTISING | *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.) |
| *N* - NEWSPAPER AND PERIODICAL ADVERTISING | *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| *O* - OUTSIDE ADVERTISING | |

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
San Joaquin County Registrar of Voters 24 S. Hunter Street Stockton, CA 95202	S		\$172.65
Lodi News Sentinel 125 N. Church Lodi, CA 95240	N		\$1,358.38
U.S. Postmaster 120 S. School Lodi, CA 95240	O		\$625.00
Jack Sieglock 1702 Timberlake Circle Lodi, California 95242		Repayment of in-kind loan.	\$2,000.00
SUBTOTAL			\$4,156.03

SUMMARY

1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 4,476.72
2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	121.58
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d))	-0-
4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)	-0-
5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page	\$ 4,598.30

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE
(CONTINUATION SHEET)
FORM 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Sieglock	I.D. NUMBER 902318
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CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for code "T".) Refer to the back of this schedule for detailed explanations of each category.

- | | |
|--|---|
| <ul style="list-style-type: none"> "C" – MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER COMMITTEES "I" – INDEPENDENT EXPENDITURES "L" – LITERATURE "B" – BROADCAST ADVERTISING "N" – NEWSPAPER AND PERIODICAL ADVERTISING "S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | <ul style="list-style-type: none"> "O" – OUTSIDE ADVERTISING "F" – FUNDRAISING EVENTS "G" – GENERAL OPERATIONS AND OVERHEAD "T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE REVERSE.) "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.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION <small>(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)</small>	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi Boys & Girls Club 413 A E. Lockeford Lodi, CA 95240		Surplus Campaign Funds donated to charitable organization	\$320.69
		SUBTOTAL	\$ 320.69