

Type or print in Ink.
**Candidate, Candidate,
 Controlled Committee
 Campaign Statement - Long Form**
 (Permanent Code Sections 84200-84216.5)

**COUNTER
 COPY**

INSTRUCTIONS ON REVERSE
 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.)

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

NAME OF OFFICEHOLDER OR CANDIDATE
 Anita "Chris" Jean Quackenbush

PLACE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 State Senate, District 6

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

064 Ski Park Court

STATE ZIP CODE AREA CODE/DAYTIME PHONE

CA 95673 916-991-4131

COMMITTEE NAME I.D. NUMBER

Quackenbush for State Senate 1998 972168

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

064 Ski Park Court

STATE ZIP CODE AREA CODE/DAYTIME PHONE

CA 95673 916-991-4131

NAME OF TREASURER

Betty Presley

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

251 E. Dyer Road, #100

STATE ZIP CODE AREA CODE/DAYTIME PHONE

CA 92705 714-540-9561

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 3/19/98 At Santa Ana, CA CITY AND STATE

I, 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 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 3/21/98 At LA BREA, CA CITY AND STATE

Executed on _____ At _____ CITY AND STATE
 Executed on _____ At _____ CITY AND STATE

COVER PAGE - LONG FORM

Statement covers period from 1/01/98 through 3/17/98

Date Stamp: APR 24 AM 9:47

Date of election if applicable: (Month, Day, Year) 6/02/98

Page 2 of 17
 For Official Use Only

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? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

By Betty Presley SIGNATURE OF TREASURER

By Anita Quackenbush SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/1/98
through 3/17/98

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I.D. NUMBER
972168

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Chris Quackenbush for State Senate 1998

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIODS (SEE NOTE 5 BELOW)	Column C TOTAL TO DATE (ADD COLUMN A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 18,726.00	\$ -0-	\$ 18,726.00
2. Loans Received Schedule B, Line 7	100,000.00	-0-	100,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 118,726.00	\$ -0-	\$ 118,726.00
4. Non-monetary Contributions Schedule C, Line 3	2,669.00	-0-	2,669.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) (Exclude Loan Guarantees, Line 18 below) Add Lines 3 + 4	\$ 121,395.00	\$ -0-	\$ 121,395.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	121,395.00	-0-	121,395.00
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ 23,330.06	\$ -0-	\$ 23,330.06

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 23,330.06	\$ -0-	\$ 23,330.06
9. Loans Made Schedule H, Line 7			
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ 23,330.06	\$ -0-	\$ 23,330.06
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	3,853.02		5,103.02
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ 27,183.08	\$ -0-	\$ 28,433.08

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 3,850.00
14. Cash Receipts Column A, Line 3 above	118,726.00
15. Miscellaneous Increases to Cash Schedule I, Line 4	-0-
16. Cash Payments Column A, Line 10 above	23,330.06
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ 99,245.94

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ -0-	7/1 to Date
19. Cash Equivalents and Outstanding Debts		
19. Cash Equivalents See instructions on reverse	\$ -0-	
21. Contributions Received	\$ 121,395	1/1 through 6/30
22. Expenditures Made	\$ 27,527	

Summary for Candidates in Both June and November Elections

* 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).

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (cont.)

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

Statement covers period
from 01/01/98
through 03/17/98

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I.D. NUMBER 972168

CALIFORNIA
1993 FORM 490

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
01/08 1998	Bender & Associates 3815 Marconi Ave, #1 Sacramento, CA 95821		100.00	100.00	
03/06 1998	Mr. Carroll G. Canfield 190 Point West Way 171 Sacramento, CA 95815	Marketing Manager Equitable Life of Iowa	500.00	500.00	
03/06 1998	Mr. John F. Cox 5226 Greenberry Dr Sacramento, CA 95841	Owner John Cox Insurance	250.00	250.00	
02/18 1998	Mr. Troy Christian Davey 5425 Rio Linda Blvd Sacramento, CA 95838	None None	500.00	500.00	
02/28 1998	Desmond Miller & Desmond 1006 Fourth St, 10th Floor Sacramento, CA 95814		500.00	500.00	
02/18 1998	Mr. John Di Giusto 104 Wolcott Court Folsom, CA 95630	Attorney Boutin Dentino Gibson & Di Giusto	250.00	250.00	

SUBTOTAL \$ 2100.00

SCHEDULE A (cont.)

CALIFORNIA
1993 FORM **490**

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Statement covers period
from 01/01/98
through 03/17/98

OF COMMITTEE: Kenbush for State Senate 1998 I.D. NUMBER 972168

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

**Schedule A (Continuation Sheet)
Netary Contributions Received**

TE IVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
	Mr. Charles F. Elkins 1677 N. Doheny Drive Los Angeles, CA 90089	Investor Self\Charles F. Elkins	500.00	500.00	
	Mrs. Carol D. Fowler 1901 Cenacle Lane Carmichael, CA 95608	Homemaker None	250.00	250.00	
	Mrs. Kerry F. Gordon 2550 E. Tiffany Ln Sacramento, CA 95827	CPA Gordon Odom & Davies Inc.	250.00	250.00	
	Household International 104 Lost Lake Court Folsom, CA 95630		500.00	500.00	
	Ms. Rebecca P. Ivans 807 La Jolla Rancho Rd La Jolla, CA 92037	Homemaker None	1000.00	1000.00	
	Mr. James Jinks 6918 Palm Ave Fair Oaks, CA 95628	Attorney AVPG Senior Legislative Council	250.00	250.00	

SUBTOTAL \$ 2750.00

SCHEDULE A (cont.)

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

Schedule A (Continuation Sheet)
Netary Contributions Received

Statement covers period
from 01/01/98
through 03/17/98

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CALIFORNIA
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I.D. NUMBER
972168

NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
Mrs. Charlotte E. Ketcherside 1929 E Street Rio Linda, CA 95673	Retired None	100.00	100.00	
Mr. Richard L. Lessa PO Box 161 Rio Linda, CA 95673	Requested Requested	200.00	200.00	
Lords Insurance Agency, Inc. PO Box 6058 San Jose, CA 95150		200.00	200.00	
Mr. Steve C. Luth 1116 48th St Sacramento, CA 95819	Broker Albano Date Dunn & Lewis	250.00	250.00	
McGraw Insurance Services 3601 Haven Avenue Menlo Park, CA 94025		500.00	500.00	
McGraw Commercial Insurance Services 3601 Haven Avenue Menlo Park, CA 94025		500.00	500.00	

SUBTOTAL \$ 1750.00

**chedule A (Continuation Sheet)
etary Contributions Received**

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

SCHEDULE A (cont.)

**CALIFORNIA
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Statement covers period
from 01/01/98
through 03/17/98

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I.D. NUMBER
972168

OF COMMITTEE:

kenbush for State Senate 1998

THE VED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
	Mr. Basil E. Mills PO Box 642 Salinas, CA 93902	Farmer Basil E. Mills	250.00	250.00	
	Mr. John A. Norwood 1028 Wilhaggin Park Lane Sacramento, CA 95864	Attorney Norwood & Pedrotti	1000.00	1000.00	
	Pacific Specialty Insurance Company 3601 Haven Avenue Menlo Park, CA 94025		500.00	500.00	
	Paul G. Clark Insurance Agency Inc. 8035-B Madison Ave Citrus Heights, CA 95610		500.00	500.00	
	Ms. Lynda H. Selter 22360 Lavender Bell Woodland Hills, CA 91367	Marketing Jobb Reporter	1000.00	1000.00	
	Mr. Scott Staab 6818 4th Street Rio Linda, CA 95673	F.N.P. Scott Staab, F.N.P.	500.00	500.00	

SUBTOTAL \$

3750.00

Schedule A (Continuation Sheet) Netary Contributions Received

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

SCHEDULE A (cont.)

Statement covers period from <u>01/01/98</u>	CALIFORNIA 1993 FORM 490
through <u>03/17/98</u>	Page <u>8</u> of <u>17</u>

OF COMMITTEE: Penbush for State Senate 1998 I.D. NUMBER 972168

TE IVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
	Sunamerica Inc. 1 Sunamerica Center Los Angeles, CA 90067		500.00	500.00	
	TransCal Associates 3800 Watt Ave, #110 Sacramento, CA 95821		2500.00	2500.00	
	Mr. John T. Vidovich 151 Mountain View Ave Los Altos, CA 94024	Developer John T. Vidovich	500.00	500.00	
	Waste Management Services Inc. 3003 Butterfield Rd Oak Brook, IL 60523		500.00	500.00	
	Wellspring Capital Management 2390 El Camino Real Palo Alto, CA 94306		500.00	500.00	
	CAP - Trust Legislative Committee 333 S. Hope Street, 8th Fl Los Angeles, CA 90071	ID# 760951	500.00	500.00	

SUBTOTAL \$ 5000.00

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (cont.)

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

Statement covers period
from 01/01/98
through 03/17/98

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NAME OF CONTRIBUTOR		STATE		CITY AND COUNTY		I.D. NUMBER	
Name of Committee: <u>Friends for State Senate 1998</u>							
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)		
	Friends of Jim Brulte PO Box 241 Rancho Cucamonga, CA 91729	ID# 962673	2500.00	2500.00			
	IMPAC 101 Market St, #702 San Francisco, CA 94105	ID# 743103	500.00	500.00			
			SUBTOTAL \$		3000.00		

**Schedule B - Part I
Loans Received**

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

SCHEDULE B - Part I

Statement covers period

from 1/ 1/98

through 3/17/98



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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

972168

Quackenbush for State Senate 1998

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION		GUARANTOR INFORMATION		
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
/28 998	Chris Quackenbush 1064 Ski Park Court Rio Linda, CA 95673		DUE DATE	25,000	CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		11/5/98		OTHER
/12 998	Ski Park Boat & Ski 5845 Dry Creek Road Rio Linda, CA 95673		DUE DATE	75,000	CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		-0-		OTHER
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
			SUBTOTAL \$ 100,000				\$ 0

See important instructions on reverse.

Loans Received - Part I Summary

Loans of \$100 or more received this period. (Include all Loans Received - Part I (a) subtotals.) \$ 100,000

Loans under \$100 received this period. (Do not itemize.) \$ -0-

Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 100,000

Loans Received - Part II Summary

Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ -0-

Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ -0-

Schedule C Non-Monetary Contributions Received

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

SCHEDULE C

Statement covers period

from 1/ 1/98

through 3/17/98

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Quackenbush for State Senate 1998

I.D. NUMBER

972168

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1/1/98- 3/17/98	Friends of Senator Ross Johnson 1008 10th Street, Suite 389 Sacramento, CA 95814		Postage & Printing	434.00	434.00	
1/1/98- 3/17/98	Chris Quackenbush (Personal) 1064 Ski Park Court Rio Linda, CA 95673	Owner, Ski Park Boat & Ski	Furniture & Supplies	300.00	300.00	
1/1/98 3/17/98	Ski Park Boat & Ski 5845 Dry Creek Road Rio Linda, CA 95673		Copy Machine Office Space	900.00 1000.00	1900.00	
				SUBTOTAL	\$ 2,634.00	

Attach additional information on appropriately labeled continuation sheets.

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2,634.00
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 35.00

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

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

INSTRUCTIONS ON REVERSE		Statement covers period from 1/ 1/98 through 3/17/98	Page 12 of 17
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Quackenbush for state Senate 1998		I.D. NUMBER 972168	

CODES FOR CLASSIFYING EXPENDITURES

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
- "I" - INDEPENDENT EXPENDITURES
- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS
- "G" - GENERAL OPERATIONS AND OVERHEAD
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

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	DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	OR	

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.

Payments and Contributions Made Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 21,915.10
Payments made this period of under \$100. (Do not itemize.)	\$ 164.96
Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ -0-

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

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

SCHEDULE E (cont.)

Statement covers period

from 01/01/98

through 03/17/98

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I.D. NUMBER

972168

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Quackenbush for State Senate 1998

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR
IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)

CODE OR DESCRIPTION OF PAYMENT

AMOUNT PAID

11/13/98	Pacific Bell 666 Folsom San Francisco CA 94123	G	1503.75
0101			
11/23/98	Betty Presley & Assoc, Inc. 1251 E. Dyer Road, #100 Santa Ana CA 92705	P	750.00
0102			
2/27/98	McNally Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814	L	8000.00
0104			
3/02/98	Melinda Bagatelos PO Box 215105 Sacramento CA 95821	F	1500.00
0106			
3/04/98	Betty Presley & Assoc, Inc. 1251 E. Dyer Road, #100 Santa Ana CA 92705	P	1500.00
0107			
3/04/98	McNally Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814	L	2033.91
0108			

SUBTOTAL \$

15287.66

SCHEDULE E (cont.)

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

Type of Pledge to Job
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/98
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CALIFORNIA
1993 FORM 490

I.D. NUMBER
972168

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Quackerbush for State Senate 1996

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR,
IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS

DATE	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
03/04/98	Juray Gardner Logan - R 9366 Salina Way Sacramento CA 95827	G			352.52
00110					
	Sub-vendor's listed below:				
	Computer Warehouse 901 Home Avenue Sacramento CA 95825			161.63	
	Brownie's Blueprint 1322 V Street Sacramento CA 95818			157.32	
	Misc Expenses Under \$100			33.57	
03/05/98	Pacific Bell 666 Folsom San Francisco CA 94123	G			842.63
00111					

SUBTOTAL \$ 1195.15

**Schedule E
Continuation Sheet
Contributions and Loans Made
Other Than Loans**

SCHEDULE E (cont.)

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

Statement covers period
from 01/01/98
through 03/17/98

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1993 FORM **490**

I.D. NUMBER
972168

NAME AND ADDRESS OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Ken Bush for State Senate 1998

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION COMMITTEE. IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McHally Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814	L			1419.31
McHally Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814	L			1419.31
Junay Gardner Logan - R 9386 Salina Way Sacramento CA 95827	P			2593.67

SUBTOTAL \$ 5432.29

SCHEDULE F

Statement covers period
 from 1/1/98
 through 3/17/98

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I.D. NUMBER
972168

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

**Schedule F
 Accrued Expenses (Unpaid Bills)**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Quackenbush for State Senate 1998

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
- *D -- INDEPENDENT EXPENDITURES
- *E -- LITERATURE
- *B -- BROADCAST ADVERTISING
- *N -- NEWSPAPER AND PERIODICAL ADVERTISING
- *O -- OUTSIDE ADVERTISING
- *S -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- *F -- FUNDRAISING EVENTS
- *G -- GENERAL OPERATIONS AND OVERHEAD
- *T -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- *P -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF IND. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
SUBTOTAL \$				

Attach additional information on appropriately labeled continuation sheets.

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$ 3,853.02

2. Accrued expenses this period of under \$100. (Do not itemize.) \$ -0-

3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) **INCURRED TOTAL \$ 3,853.02**

4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) **PAID TOTAL \$ (1,250.00)**

NET \$ 5,103.02

SCHEDULE F (cont.)

CALIFORNIA
1993 FORM **490**

Statement covers period

from 01/01/98

through 03/17/98

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I.D. NUMBER

972168

Type or Print in Ink
Amounts may be extended
to whole dollars.

**Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Queerbaush for State Senate 1998

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
OR COMMITTEE. IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR
IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAY-
MENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT REITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD

OR DESCRIPTION OF OUTSTANDING PAYMENT

CODE

AMOUNT ACCRUED

DATE	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION OR COMMITTEE. IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS	OR DESCRIPTION OF OUTSTANDING PAYMENT	CODE	AMOUNT ACCRUED
03/13/98	McNelly Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814		L	33.50
03/01/98	McNelly Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814		P	5000.00
03/03/98	McNelly Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814		L	34.02
03/11/98	McNelly Temple Associates 1817 Capitol Avenue, #A Sacramento CA 95814		L	35.50

SUBTOTAL \$ 5,103.02