

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

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.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE  
 MICHAEL MCCOLLUM  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 STATE SENATE DISTRICT 6 SACRAMENTO  
 NEIGHBORHOOD BUSINESS ADDRESS (NO. AND STREET)  
 1333 HOWE AVE. SUITE 203  
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 SACRAMENTO CA 95825 916.924.3833  
 COMMITTEE NAME I.D. NUMBER  
 McCollum State Senate Committee 970885

COMMITTEE ADDRESS (NO. AND STREET)  
 P.O. Box 188169  
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 SACRAMENTO CA 95818 916.924.3883  
 NAME OF TREASURER  
 RALPH A. MARCELLO, CPA  
 PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
 729 Sunrise Ave, Suite 303  
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 Roseville CA 95661 916.786.7997

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 MAR. 21, 1998 At ROSFULLE CA  
 DATE CITY AND STATE

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 \_\_\_\_\_ At \_\_\_\_\_ City and State  
 Executed on \_\_\_\_\_ At \_\_\_\_\_ City and State

Statement covers period  
 from 1-1-98 through 3-17-98  
 Date of election if applicable:  
 (Month, Day, Year)  
6-2-98

Date Stamp AND NOTARIAL PUBLIC STATE OF CALIFORNIA  
 99166 24 fill  
 FULL JONES  
 CA SECRETARY OF STATE  
7.20.98  
 Page 1 of 1  
 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 or to make expenditures on behalf of your candidacy.  
 COMMITTEE NAME I.D. NUMBER  
 NONE

NAME OF TREASURER CONTROLLED COMMITTEE  
 COMMITTEE ADDRESS YES  NO   
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
 COMMITTEE NAME I.D. NUMBER  
 NAME OF TREASURER CONTROLLED COMMITTEE  
 COMMITTEE ADDRESS YES  NO   
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

By John A. Jones SIGNATURE OF TREASURER  
 By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER  
 By \_\_\_\_\_ 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

Page 1 of     

I.D. NUMBER  
970885



INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
McCullom State Senate District 6

	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)
<b>Contributions Received</b>			
Monetary Contributions .....	Schedule A, Line 3 \$ <u>25069</u>	\$ <u>7880</u>	\$ <u>32949</u>
Loans Received .....	Schedule B, Line 7 <u>105000</u>	<u>12000</u>	<u>117000</u>
<b>SUBTOTAL CASH CONTRIBUTIONS</b> .....	Add Lines 1 + 2 \$ <u>130069</u>	\$ <u>19880</u>	\$ <u>149949</u>
Non-monetary Contributions .....	Schedule C, Line 3 <u>5192</u>	<u>0</u>	<u>5192</u>
<b>SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)</b> .....	Add Lines 3 + 4 \$ <u>135261</u>	\$ <u>19880</u>	\$ <u>155141</u>
Enforceable Promises (Exclude Loan Guarantees, Line 18 below) .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL CONTRIBUTIONS RECEIVED</b> .....	Schedule D, Line 7 <u>135261</u>	\$ <u>19880</u>	\$ <u>155141</u>
<b>Expenditures Made</b>			
Cash Payments (Other than Loans Made) .....	Schedule E, Line 5 \$ <u>21112</u>	\$ <u>1674</u>	\$ <u>22786</u>
Loans Made .....	Schedule H, Line 7 <u>0</u>	<u>0</u>	<u>0</u>
<b>SUBTOTAL CASH PAYMENTS</b> .....	Add Lines 8 + 9 \$ <u>21112</u>	\$ <u>1674</u>	\$ <u>22786</u>
Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 5 <u>941</u>	<u>0</u>	<u>941</u>
<b>TOTAL EXPENDITURES MADE</b> .....	Add Lines 10 + 11 \$ <u>22053</u>	\$ <u>1674</u>	\$ <u>23727</u>

\* 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).

<b>Current Cash Statement</b>			
3. Beginning Cash Balance .....	Previous Summary Page, Line 17 \$ <u>18206</u>		
4. Cash Receipts .....	Column A, Line 3 above <u>130069</u>		
5. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>0</u>		
5. Cash Payments .....	Column A, Line 10 above <u>21112</u>		
7. <b>ENDING CASH BALANCE</b> .....	Add Lines 13 + 14 + 15, then subtract Line 16 \$ <u>127163</u>		
<i>If this is a termination statement, Line 17 must be zero.</i>			
8. <b>LOAN GUARANTEES RECEIVED</b> .....	Schedule B, Part I, Column (b) \$ <u>0</u>		
<b>Cash Equivalents and Outstanding Debts</b>			
21. Contributions Received .....	1/1 through 6/30 1998 \$ <u>130069</u>		
22. Expenditures Made .....	7/1 to Date 1998 \$ <u>22053</u>		

## Summary for Candidates in Both June and November Elections

7/1 to Date

# Schedule A Monetary Contributions Received

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

SCHEDULE A

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



Page 1 of 9  
I.D. NUMBER  
970885

INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCullom State Senate District 6

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)
10/98	GATLIN DEVELOPMENT 12425 HIGH BLUFF DRIVE SAN DIEGO CA 92130	LAND DEVELOPER	250	250	
10/98	BIXBY RANCH 3010 OLD RANCH PARKWAY SEAL BEACH CA 90740	LAND DEVELOPER	1000	1000	
10/98	SAN ELIJO RANCH 529 E. S. TEMPLE SALT LAKE 478H 84102	LAND DEVELOPER	500	500	
10/98	CALMAT 3200 SAN FERNANDO ROAD LOS ANGELES, CA 90065	GRAVEL SAND MINING CO.	250	250	
10/98	JAMES JACKSON 3925 TIM ST. BONITA CA 91902	BANK EXECUTIVE	100	100	
<b>SUBTOTAL \$ 2100</b>					

Monetary Contributions Summary

Amount received this period — contributions of \$100 or more.  
Include all Schedule A subtotals.) ..... \$ 24350.

Amount received this period — contributions of less than \$100.  
Do not itemize.) ..... \$ 719

Total monetary contributions received this period.  
Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 25069

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

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

SCHEDULE A (cont.)

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

Page 2 of 9

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

I.D. NUMBER

970885

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)
2/20/98	ELIZABETH JACKSON 3925 TIM ST. BONITA CA 91902	LAND DEVELOPER	100	100	
1/20/98	KEITH JOHNSON 14 CORPORATE PLAZA NEWPORT BEACH CA 92660	LAND DEVELOPER	250	250	
1/20/98	CONTINENTAL HOMES 12036 HIGH BLUFF DR SAN DIEGO CA 92130	LAND DEVELOPER	500	500	
2/20/98	SHAPELL INDUSTRIES 100 N. MILPITAS BLVD MILPITAS CA 95035	LAND DEVELOPER	500	500	
1/20/98	B. DEMAR HOOPER 3910 KNOWWOOD ST. SACRAMENTO CA 95821	ATTORNEY	100	100	
1/20/98	TERRANCE ALLEN 7734 RIVER VILLAGE SACRAMENTO CA 95831	RETIRED	100	100	

**SUBTOTAL \$ 1550**

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

chedule A (Continuation Sheet)  
Monetary Contributions Received

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

Page 3 of 9

I.D. NUMBER  
970885

McCollum State Senate District 6

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF HOLD. 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)
1/20/98	FRANK DEVORF 11905 CAMINITO CORRIENTE SAN DIEGO CA 92128	RETIRED	100	100	
2/20/98	DONALD DELUTIS 3346 BUCHANAN ST SAN FRANCISCO CA 94123	CONSULTANT	100	100	
2/5/98	CRAIG DUNNIGAN 6355 RIVERSIDE BLVD SACRAMENTO CA 95831	REACTOR	125	125	
1/5/98	HUNG HOANG 6830 STOCKTON BLVD SACRAMENTO CA 95823	DOCTOR	100	100	
2/5/98	PHILLIP DUNN 271 AUDUBON CIR. SACRAMENTO CA 95831	BIOLOGIST	200	200	
1/5/98	PATRICK KENADY 3435 SMILAX WY SACRAMENTO CA 95834	ATTORNEY.	100	100	

SUBTOTAL \$ 725

chedule A (Continuation Sheet)  
Monetary Contributions Received

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

Statement covers period  
from 1-1-98  
through 3-17-98  
Page 4 of 9

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER			
McCollum State Senate District 6		970885			
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)
1/5/98	KE McCollum 7706 RIVER VILLAGE DR SACRAMENTO CA 95831	RETIRED	1000	1000	
1/5/98	TIM SMITH 6237 PALM DR CARMICHAEL CA 95608	ATTORNEY	250	250	
1/5/98	VIOLET MOBERLY 4330 RAND LN SACRAMENTO CA 95864	RETIRED	125	125	
2/5/98	PHIL OATS 5401 TREE SIDE DR CARMICHAEL CA 95608	LAND DEVELOPER	500	500	
1/5/98	H. WESTEY YEE 707 J ST SACRAMENTO CA 95814	DENTIST	125	125	
2/5/98	TAYLOR & HOOPER 1435 RIVER PARK DR SACRAMENTO CA 95815	ATTORNEYS	125	125	

SUBTOTAL \$ 2125

hedule A (Continuation Sheet)  
 onetary Contributions Received

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

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

Page 5 of 9

I.D. NUMBER 970885



NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		DISTRICT		STATE		CITY		ZIP		CUMULATIVE TO DATE		CUMULATIVE TO DATE	
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)								
1/98	C. JAMES JENSEN 7901 RIO RICO DR LAS VEGAS NV 89113	LAND DEVELOPMENT	500	500		McCollum State Senate District 6							
1/5/98	WILLIAM OBERNESE 20 ANGEL ISLAND CIR SACRAMENTO CA 95831	CONSULTANT	200	200									
1/24/98	WILLIAM FOOT 2 THEATRE SQUARE CORINDA CA 94563	LAND DEVELOPER	5000	5000									
1/24/98	ALICE MO 1387 CAMINTO DIADEMA LA JOLLA CA 92037	LAND DEVELOPMENT	500	500									
1/24/98	JOSE HUFFMAN 7776 LEMON ST FAIR OAKS CA 95628	PLANT SUPERVISOR	250	250									
1/24/98	SHERY TERESA 3228 WINDSOR DR SACRAMENTO CA 95864	NON PROFIT. Ex. Director	100	100									

**SUBTOTAL \$ 6550**

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

Schedule A (Continuation Sheet)  
Monetary Contributions Received

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

Page 6 of 7

I.D. NUMBER  
970885

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
McCollum State Senate District 6

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)
3/9/98	Shapel Industries 100 N Milpitas Blvd Milpitas CA 95035	LAND DEVELOPMENT	500	1000	
	W.C. VOGEL 8900 Bluff LN Fair Oaks CA 95628	RETIRED	100	100	
	TEJON RANCH 90 Box 1900 LEBEL CA 93243	LAND DEVELOPER	1000	1000	
	PIRA ROCHANAYON 3811 FLORIN RD SACRAMENTO CA 95823	DOCTOR	250	250	
	RICHARD LEFORD 8848 HAMPE CT SAN DIEGO CA 92129	EXECUTIVE DIRECTOR	100	100	
	DAVID T HA 5025 STOCKTON BLVD SACRAMENTO CA 95820	DOCTOR	300	300	

**SUBTOTAL \$ 2250**



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

Schedule A (Continuation Sheet)  
Monetary Contributions Received

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

Page 2 of 2



NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER			
McCollum State Senate District 6		970885			
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)
3/9/98	ROBERT YRAM 2140 TAYLOR ST SAN FRANCISCO CA 94133	ATTORNEY	250	250	
	CHAINARONK LIMANON 804 STILL BREEZE WY SACRAMENTO CA 95831	DOCTOR	250	250	
	JOHN CHEN 4100 AMERICAN RIVER DR SACRAMENTO CA 95864	DOCTOR	250	250	
	CARL HSK PO BOX 1105 RANCHO CORDOVA (A 95741)	DOCTOR	250	250	
	ROBERT EPSTEIN 1 18th AVE SAN FRANCISCO CA 94121	ATTORNEY	300	300	
	WILLIAM FOOTE 45 Innisbrook Ave 195 Vegas NV 89113	LAND DEVELOPER	500	5500	

SUBTOTAL \$ 1800

hedule A (Continuation Sheet)  
onetary Contributions Received

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

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

Page 8 of 9



NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER			
McCollum State Senate District 6		970885			
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)
1/9/98	W. R. CONNELLY 2922 WILDWIND PR EI CAJON CA 92019	ENGINEER	250	250	
	HUNG HOANG 6540 STOCKTON BLVD SACRAMENTO CA 95823	DOCTOR	250	350	
	THUC HUU DUONG 7240 E. SOUTHGATE DR SACRAMENTO CA 95823	DOCTOR	250	250	
	ANH NGUYEN 5026 FRUITRIDGE RD SACRAMENTO CA 95820	DOCTOR	250	250	
	STEVE REVENAUGH 7706 RIO BARCO WY SACRAMENTO CA 95831	ENERGY SPECIALIST	100	100	
1/3/98	ROBERT, LAMB, HART 242 CALIFORNIA ST SAN FRANCISCO CA 94111	ARCHITECT	200	200	

SUBTOTAL \$			1300
-------------	--	--	------

# hedule A (Continuation Sheet) onetary Contributions Received

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

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

Page 9 of 9

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

I.D. NUMBER

970885

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NOT 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)
13/98	FIRST AMERICAN TITLE 411 IVY STREET SAN DIEGO CA 92101	TITLE CO.	1000	1000	
13/98	SHAPELL INDUSTRIES 100 N. MILPITAS BLVD. MILPITAS CA 95035	LAND DEVELOPMENT	4000	5000	
16/98	HAKEEM, ELLIS & SIMONELLI 2800 W. MARCH LANE STOCKTON CA 95219	ATTORNEY	100	100	
	PATRICK O'DAY PO Box 9368 RANCHO SANTA FE, CA 92067	CIVIL ENGINEER	500	500	
	BARBARA BOPP 8013 MESQ OAK WAY Citrus Heights CA 95610	RETIRED	100	100	
3/17/98	JENNIFER HERNANDEZ 446 MICHIGAN AVE BERKELEY CA 94707	ATTORNEY	250	250	

SUBTOTAL \$ 5950

**Schedule B - Part I  
Loans Received**

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



Page 1 of 1

I.D. NUMBER 970885

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

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	
3/13/98	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor* K. E. McCollum 7706 RIVER VILLAGE DR SACRAMENTO CA 95831	RETIRED	DUE DATE: N/A INTEREST RATE: 0-%	50,000	50,000			
3/16/98	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor* BONNIE TING 975 S. BEACH DR SACRAMENTO CA 95831	MEDICAL ADMINISTRATOR	DUE DATE: N/A INTEREST RATE: 0-%	25,000	25,000			
3/16/98	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor* MICHAEL McCollum 7722 RIO BARCO WY SACRAMENTO CA 95831	CANDIDATE	DUE DATE: N/A INTEREST RATE: 0-%	30,000	30,000			
			SUBTOTAL \$ 105,000					

\*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.) ..... \$ 105,000
- Loans under \$100 received this period. (Do not itemize.) ..... \$ 0
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 105,000

**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
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ ( 0 )
- Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 105,000

**Schedule B — Part III**  
**Annual Report of Outstanding Loans Received**

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

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

CALIFORNIA  
STATE  
COMMISSION  
**490**

Page 1 of 1  
I.D. NUMBER  
**970885**

INSTRUCTIONS ON REVERSE  
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Michael McCollum	9/19/97	2000	2000	0
Michael McCollum	12/31/97	12000	12000	0
Michael McCollum	3/16/98	30,000	42,000	0
K.F. McCollum	3/13/98	50000	50000	0
BONNIE TING	3/16/98	25000	25000	0
TOTAL \$ 117000				

Attach additional information on appropriately labeled continuation sheets.

NOTE: This total should be  
the same amount as entered  
on the Summary Page,  
Column C, Line 2.

# Schedule C Non-Monetary Contributions Received

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

SCHEDULE C

Statement covers period  
from 1-1-78  
through 3-17-78

FORM NO. 490

Page 1 of 2  
I.D. NUMBER  
970885

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

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)
3/98	PRESIDIO GROUP	LAND DEVELOPMENT	FOOD & BEVERAGE	2308	2308	
3/98	RICHARD CUNEO	WINEMAKER	BEVERAGE	384	384	
3/98	BONNIE TING 975 S. BEACH DR SACRAMENTO CA 95831	HOME MAKER	FOOD BEVERAGE	355	355	
3/98	MICHAEL MCCULLOM 7722 RIO BARCO WAY SACRAMENTO CA 95831	CANDIDATE	FOOD BEVERAGE	400	400	
3/98	JAMES BRIAN	PROPERTY MANAGEMENT	OFFICE RENT REDUCTION	1400	1400	
				<b>SUBTOTAL</b>	<b>\$ 4847</b>	

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.) ..... \$ 5147
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 45
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ 5192



# Schedule E Payments and Contributions Other Than Loans Made

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

Statement covers period from <u>1-1-98</u> through <u>3-17-98</u>	Page <u>1</u> of <u>4</u>
I.D. NUMBER <u>970885</u>	

INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCullom State Senate District 6

## 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 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		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHRIS JONES 3245 GRANITE CREEK PLACE NEWCASTLE CA 95658		P			3000
TOMS PRINTING 1819 E STREET SACRAMENTO CA 95814		L			253
VIKING PRINTING 1125 11th St SACRAMENTO CA 95814		L			527

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 made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 21103
Payments made this period of under \$100. (Do not itemize.)	7
Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	0
Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	0
Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 21112



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

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

Page 2 of 4

I.D. NUMBER  
970885

INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

CODES FOR CLASSIFYING EXPENDITURES

- 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 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)

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION 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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RANDY SNOOK PHOTOGRAPHY 3385 LANA 77 ST. SUITE B SACRAMENTO CA 95819	L			1257
RIVER CITY BANK 900 HOWE AVE SACRAMENTO CA 95825			OMIT	
PACIFIC BELL TELEPHONE 666 FOLSOM ST. RM 1123 SAN FRANCISCO CA 94107	G			1193
US POSTMASTER 2121 BROADWAY SACRAMENTO CA 95818	G			52 170
VOTER LINK 245 FISCHER AVE C-3 COSTA MESA CA 92626	G		computer software	2808

SUBTOTAL \$ 5480

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

**Schedule E  
Contribution Sheet  
(Other Than Loans) Made**

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



Page 3 of 4  
I.D. NUMBER  
970885

**INSTRUCTIONS ON REVERSE**

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCallum State Senate District 6

**CODES FOR CLASSIFYING EXPENDITURES**

- "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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
P		DONALD WILSON 1209 FAIR WEATHER DRIVE SACRAMENTO CA 95833	1400
L		TONY SICILIANI	5785
L		NYGREN & CO. C/O CHRIS JONES 3245 GRANITE CREEK PLACE NEWCASTLE CA 95658	657
L		BROWNIES BLUEPRINTS	299
G		RAC TEL COMMUNICATIONS 8725 Great Court EIK GROVE	526

**SUBTOTAL \$ 8667**

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

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

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

Page 4 of 7

I.D. NUMBER  
970885

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

CODES FOR CLASSIFYING EXPENDITURES

- "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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CANDIDATES OUTDOOR GRAPHIC SVC. 920 CENTER STREET SAN CARLOS CA 94070	0			2876
WOODBIDGE PROP. MGMT.	G			300

SUBTOTAL \$ 3176

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

# Schedule F Accrued Expenses (Unpaid Bills)

Statement covers period from <u>1-1-98</u>	CALIFORNIA FORM 490
through <u>3-17-98</u>	
Page <u>1</u> of <u>1</u>	I.D. NUMBER <u>970885</u>

INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

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
- "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)	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
TOMS PRINTING 1819 E Street SACRAMENTO CA 95814	L			941

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$	941
Accrued Expenses Summary	
Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ 941
Accrued expenses this period of under \$100. (Do not itemize.)	\$ 0
Total accrued expenses incurred this period. (Add Lines 1 and 2.)	941
Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	0
Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	941