

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

**COUNTY COPY**

SEE INSTRUCTIONS ON REVERSE  
Check one of the following boxes to indicate the type of statement being filed:  
 Pre-election Statement (Attach a completed Form 495 to this 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

REFERENCE OR 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)  
PO Box 188169

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
SACRAMENTO CA 95818 916.924.3883

NAME OF TREASURER  
RADY 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

Statement covers period from 3-18-98 through 5-16-98

Date of election if applicable: (Month, Day, Year)  
6-2-98

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State of the State of California  
**MAY 21 1998**

Hand Delivered, Sacramento  
**BILL JONES, Secretary of State**

Page 1 of 1  
For Official Use Only

**II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and committees of which you have knowledge that are primarily formed to receive contribution or to make expenditures on behalf of your candidacy.**

COMMITTEE NAME I.D. NUMBER  
NONE

NAME OF TREASURER (NO. AND STREET)  
NONE

COMMITTEE ADDRESS (NO. AND STREET)  
NONE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
NONE

COMMITTEE NAME I.D. NUMBER  
NONE

NAME OF TREASURER (NO. AND STREET)  
NONE

COMMITTEE ADDRESS (NO. AND STREET)  
NONE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
NONE

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 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 MAY 21, 1998 At ROSEVILLE CA  
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 May 21 1998 At Sacramento CA  
CITY AND STATE

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE DATE CITY AND STATE

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE DATE CITY AND STATE

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER







# Campaign Disclosure Statement Summary Page

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

SUMMARY



Statement covers period from 3-18-98 through 5-16-98

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE  
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
McCollum State Senate District 6

I.D. NUMBER  
970885

## 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 AND B)
1. Monetary Contributions	\$ 52109	\$ 32949	\$ 85058
2. Loans Received	\$ 4250007	\$ 117000	\$ 920007
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 27109	\$ 149949	\$ 177058
4. Non-monetary Contributions	\$ 5464	\$ 5192	\$ 10656
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	\$ 32573	\$ 155141	\$ 187714
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	\$ 32573	\$ 155141	\$ 187714

## Expenditures Made

8. Cash Payments (Other than Loans Made)	\$ 107359	\$ 22786	\$ 120145
9. Loans Made	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	\$ 107359	\$ 22786	\$ 120145
11. Accrued Expenses (Unpaid Bills)	\$ 1486	\$ 941	\$ 2427
12. TOTAL EXPENDITURES MADE	\$ 108845	\$ 23727	\$ 132572

## Current Cash Statement

13. Beginning Cash Balance	\$ 127163		
14. Cash Receipts	\$ 27109		
15. Miscellaneous Increases to Cash	\$ 0		
16. Cash Payments	\$ 107359		
17. ENDING CASH BALANCE	\$ 46913		

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

18. LOAN GUARANTEES RECEIVED \$ 0

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents	\$ 0		
20. Outstanding Debts	\$ 0		

\* From previous Statement Summary Page, Column C. How this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promise (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections 1998

21. Contributions Received \$ 182178

22. Expenditures Made \$ 130898

1/1 through 6/30 7/1 to Date

# Schedule A Monetary Contributions Received

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

Statement covers period  
from 3-18-98  
through 5-16-98  
Page 1 of 1  
I.D. NUMBER  
970885

SEE INSTRUCTIONS ON REVERSE  
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
McCollum State Senate District 4

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)
4/14	Kelendil Corp. 31602 Via Coyote Trabuco Canyon, CA 92679	Real Estate Development	1000	1000	
4/14	Dennis & Gloria DiBrien 2001 Windward Way 200 San Mateo CA 94404	Homebuilder	500	500	
4/14	Glen Lukos Associates 23441 S. Pointe Dr Laguna Hills CA 92653	Environmental Consulting Co.	500	500	
4/14	Helix Environmental Planning 8100 La Mesa Blvd 290 LA MESA CA 91941	"	250	250	
4/14	Christopher Mounts 6855 Watercourse Dr Carlsbad CA 92009	Consultant	250	250	
<b>SUBTOTAL \$</b>			<b>2500</b>		

## Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 51175
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 934
- Total monetary contributions received this period.  
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 52109

# Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

from 3-18-98

through 5-16-98

Page 2 of 1

NAME OF OFFICER/CLERK OR CANDIDATE AND CONTROLLED COMMITTEE  
**McCollam 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)
4/14	Genevieve Tehang 4659 Exbury Ct San Diego CA 92130	Marketing Director	250	250	
4/14	Jack Henthorn, Assoc. 5431 Avenida Encinas Suite J Carlsbad CA 92008	Consulting Co.	200	200	
4/14	Rick Engineering Co. 5620 Friars Rd San Diego CA 92110	Engineering Co.	200	200	
4/14	Marion Walters 4 Tattersall Laguna Nigel CA 92677	requested	100	100	
4/14	Ronald Brent 2103 Via Vrejo San Clemente CA 92673	Real Estate Development	125	125	
4/14	R. D. Jaeger 3364 Avenida Obertuna Carlsbad CA 92009	requested	125	125	
SUBTOTAL \$			1000		

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 3-18-98  
through 5-16-98

Page 3 of 13

CALIFORNIA  
REGISTRATION FORM **49**

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 ID NUMBER OR, IF NO ID 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)
4/14	T.V. LANG PAP 3185 Quiet Hills Dr. Esccondido CA 92025	Geotechnical Engineer	125	125	
4/14	James Likins 14121 Recuerdo Del Mar CA 92014	Engineer	125	125	
4/14	Odle & Assoc. 2964 Arway Ave Costa Mesa CA 92626	Consultant	125	125	
4/14	Starwood Saida Fe Valley Pkrs 5090 N. 40th St #190 Phoenix AZ 85018	Real Estate Development	125	125	
4/14	Theodore Tehung 1387 Caminito Lo Jolla CA 92037	"	125	125	
4/14	Lucetta Dunn 1202 W. 18th St Santa Anna CA 92706	"	100	100	
<b>SUBTOTAL \$</b>			<b>725</b>		

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print name.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 3-18-98  
through 5-16-98

Page 4 of 14

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)
4/14	George Home 3330 Edgar LN Carmichael CA 95608	my fire Repair	100	100	
4/14	James Meredith 1112 Starview Dr Vista CA 92084	Doctor	100	100	
4/2	Paul Telang 5303 Alta Bahia Ct San Diego CA 92109	Real Estate Development	500	500	
4/2	Western Land Properties PO Box 670 Upland CA 91785	"	500	500	
4/2	Kamer - Singer Associates 74 New Montgomery St #450 San Francisco CA 94105	Consulting Co.	250	250	
4/2	Gordon Van Vleck 4101 Old Sacramento Rd Plymouth CA 95669	Cattlemen	250	250	
<b>SUBTOTAL \$</b>			<b>1700</b>		

49



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 3-18-98  
through 5-16-98

Page 5 of 1

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

ID. NUMBER  
970885

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE NAME AND ADDRESS, ENTER ID. NUMBER OR, IF NO ID. 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)
4/2	John Mourier Const. 1830 Vernon St #9 Roseville CA 95678	Homebuilder	200	200	
4/2	Eric Ohlson 3611 Park Rd Sacramento CA 95841	Sales	200	200	
4/2	Engco Inc 2401 Crow Canyon Rd #200 San Ramon CA 94583	Engineering Co.	100	100	
4/29	San Elijo Ranch Inc 529 E. S. Temple Salt Lake City, Utah 84102	Real Estate Development	5,000	5500	
4/29	Golden State Physicians Med Group PO Box 255468 Sacramento CA 95865	Medical Group	2,000	2000	
4/29	Rivera City Medical Group PO Box 15470 Sacramento CA 95851	"	2,000	2000	
<b>SUBTOTAL \$</b>			<b>9500</b>		

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in Ink.  
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Statement covers period  
from 3-18-98  
through 5-16-98

Page 6 of 14

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 ID NUMBER OR, IF NO ID 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)
4/29	Timothy Smith 6237 Palm Dr Carmichael CA 95608	Attorney	1000	1250	
4/29	Gordon Wong 118 Northlite Cir Sacramento CA 95831	Doctor	1000	1000	
4/29	Aaron Adair 4730 47th St Sacramento CA 95824	Chiropractor	500	500	
4/29	Charly Limnon 804 Still Breeze Way Sacramento CA 95831	Homemaker	500	500	
4/29	Sami Haddad, Trustee 1021 45th St Sacramento CA 95819	Doctor	500	500	
4/29	Phung HQ 5025 Stockton Blvd Sacramento CA 95820	Doctor	350	350	
<b>SUBTOTAL \$</b>			<b>3850</b>		

Schedule A (Continuation Sheet)  
Monetary Contributions Received

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

STATE OF CALIFORNIA  
CANDIDATE STATEMENT FORM 490

Statement covers period  
from 3-18-98  
through 5-16-98

Page 7 of 14  
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)	
4/29	Hung Hoang MD, INC 6540 Stockton Blvd Suite C Sacramento CA 95823	Doctor	350	700		
4/29	Hung Hoang 6830 Stockton Blvd Suite 155 Sacramento CA 95823	Doctor	300	1000		
4/29	Lieu O. Nguyen, MD 5026 Fruitridge Rd #1 Sacramento CA 95820	Doctor	300	300		
4/29	Agon Adair 4730 47th St Sacramento CA 95824	Chiropractor	250	750		
4/29	Ken W Campbell 3636 McCourtney Rd Lincoln CA 95648	Dentist	250	250		
4/29	Mike Tseng - Jung Chen PO Box 22321 Sacramento CA 95822	Home builder	250	250		

SUBTOTAL \$ 1700

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

Schedule A (Continuation Sheet)  
Monetary Contributions Received

Statement covers period  
from 3-18-98  
through 5-16-98

Page 8 of 14



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)
4/29	Yueh Yun Chou 3340 Oak Stream Ct Carmichael CA 95608	Import/Export	250	250	
4/29	David Tam HQ 5025 Stockton Blvd Sacramento CA 95820	Doctor	250	550	
4/29	Hedger, Murphy & Assoc 1610 Arden Way #121 Sacramento CA 95815	Financial Planning	250	250	
4/29	KIM Pharmacy 5026 Fruitridge #3 Sacramento CA 95820	Pharmacist	250	250	
4/29	KINGMAN Tung MD 4017 Freepoint Blvd #B Sacramento CA 95822	Doctor	250	250	
4/29	Charity Limanon 804 Still Breeze Way Sacramento CA 95831	Homemaker	250	750	

SUBTOTAL \$ 1500

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

Schedule A (Continuation Sheet)  
Monetary Contributions Received

Statement covers period

from 3-18-98

through 5-16-98

Page 9 of 14

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)
4/29	Gordon Wong 3941 J St. # 354 Sacramento CA 95819	Doctor	250	250	
4/29	Chinese American Republicans of Sacramento Inc PO Box 189424 Sacramento CA 95818	Political Association	125	125	
4/29	Roger Fong 6230 Gloria Dr Sacramento CA 95831	County Assessor	125	125	
4/29	Walter Liang 7200 Santa Teresa Way Sacramento CA 95831	Red Cross Board Member	125	125	
4/29	Clifford Cooper 8229 New Commons Ln Elk Grove CA 95758	BANKER	100	100	
4/29	SASAN Lyanb 600 Causeway Dr Sacramento CA 95831	Homemaker	100	100	

SUBTOTAL \$ 825

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

Schedule A (Continuation Sheet)  
Monetary Contributions Received

Statement covers period  
from 3-18-98  
through 5-16-98

Page 10 of 14

490

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)
4/29	Latitude 33- Planning & Engineering 4180 Laguna Village Dr #330 Laguna CA 92037	Engineering Company	100	100	
4/29	John Schade 1055 Santa Ynez Way Sacramento CA 95816	Lottery Public Relations	100	100	
4/29	Tim Sellers 113 Burnt Creek Way Folsom CA 95630	requested	100	100	
5/14	Campaign for Working Families 499 S. Capitol St SW #410 Washington DC 20003	Political Action Committee	1000	1000	
5/14	Ray Haynes for State Senate 5041 La Mart Riverside CA 92507	State Senate Committee	1000	1000	
5/14	Elman Burke Hoffman & Johnson 1 Ecker #200 San Francisco CA 94105	Law Firm	250	250	

SUBTOTAL \$ 2550

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

Statement covers period  
 from 3-18-98  
 through 5-16-98

Page 11 of 14

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)
5/14	Judith Nunn Fang 1334 Gaggle Wy Sacramento CA 95831	Homemaker	250	250	
5/14	Coldwell Banker 6355 Riverside Blvd Sacramento CA 95831	Real Estate Brokerage	200	200	
5/14	John Schade 1055 Santa Fe Way Sacramento CA 95816	Public Affairs	150	150	
5/14	Craig Anthony 135 Tomlinson Dr Folsom CA 95630	Deputy Director CA Dept of Forestry	125	125	
5/14	Susan Browniee 11969 Paseo Fuerte El Cajon CA 92020	Homemaker	100	100	
5/14	Janet McDonald 424 Camelia River Wy Sacramento CA 95831	Ex. Sec. CA Arts Council	100	100	

SUBTOTAL \$ 925

Schedule A (Continuation Sheet)  
Monetary Contributions Received

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Statement covers period  
from 3-18-98  
through 5-16-98

Page 12 of 14

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)
5/14	Harold Wargus 15 Cavalcade Cir Sacramento CA 95831	Retired	100	100	
5/8	California Independent Business PAC ID: 950309 135 No. Los Robles Ave #220 Pasadena CA 91101	Political Action Committee	20,000	20,000	
5/8	The Sauls Company #100 742 Summit Dr Laguna Beach CA 92651	Consulting Co	1,000	1,500	
5/8	Geocon Inc 6960 Flinders Dr San Diego CA 92121	Engineering Co	625	625	
5/8	Environmental Development LLC 402 W Broadway #2175 San Diego CA 92101	Real Estate Development	500	500	
5/8	Rancho Sierra Grande 300 S. Refugio Rd Santa Ynez CA 93460	"	500	500	

SUBTOTAL \$ 22,725



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

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Statement covers period  
from 3-18-98  
through 5-16-98

Page 13 of 14

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		ID. NUMBER			
<u>McCollum State Senate District 6</u>		<u>970885</u>			
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)
<u>5/8</u>	<u>Aeron Aclair 917 G St Sacramento CA 95814</u>	<u>Chiropractor</u>	<u>250</u>	<u>1000</u>	
<u>5/8</u>	<u>Builders, Associates &amp; Contractors PAC ID 790708 # A 6336 Greenwich Dr. San Diego CA 92122</u>	<u>POLITICAL ACTION COMMITTEE</u>	<u>250</u>	<u>250</u>	
<u>5/8</u>	<u>Meissner &amp; Joseph Inc 1555 River Park Dr #108 Sacramento CA 95815</u>	<u>Law Corp</u>	<u>250</u>	<u>250</u>	
<u>5/8</u>	<u>Southern California Concrete &amp; Rock Products PAC ID 1583 PO Box 40 S. PASADENA CA 91031</u>	<u>POLITICAL ACTION COMMITTEE</u>	<u>250</u>	<u>250</u>	
<u>5/8</u>	<u>Jennifer Russo 9346 Carrcroft Dr Elk Grove CA 95758</u>	<u>HomeMaker</u>	<u>200</u>	<u>200</u>	
<u>5/8</u>	<u>Bear Valley Ranch Co 1 Upper Newport Pkwy Newport Beach CA 92660</u>	<u>Real Estate Development Co</u>	<u>125</u>	<u>125</u>	

**SUBTOTAL \$ 1325**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

Statement covers period  
 from 3-18-98  
 through 5-16-98



Page 14 of 14

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)
5/8	Todd Kurtin 5109 E. La Palma # D Anaheim CA 92807	Real Estate	125	125	
5/8	Vance Vantassell 917 G St Sacramento CA 95814	Attorney	100	100	
4/14	Edward Gabrielson 1310 Hidden Mountain Dr El Cajon CA 92019	Engineer	125	125	

SUBTOTAL \$ 350

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

**Schedule B — Part I  
Loans Received**

Statement covers period  
from 3-18-98  
through 5-16-98



Page 1 of 1  
I.D. NUMBER 970885

**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		
			AMOUNT OF LOAN	CUMULATIVE TO DATE	CALENDAR YEAR	AMOUNT GUARANTEED	CUMULATIVE TO DATE	CALENDAR YEAR
		<i>none</i>						
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
			SUBTOTAL \$ (a)			SUBTOTAL \$ (b)		

\*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.) ..... \$ 0

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

Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 0

**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.) ..... \$ 25000

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 \$ (25000)

Net change this period. (Subtract Line 6 from Line 3.) ..... \$ < 25000 >

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

Schedule B — Part II  
Repayments Made on Loans Received, Loans  
Forgiven, and Loans Repaid by a Third Party

Statement covers period  
from 3-18-98  
through 5-16-98

Page 1 of 1  
I.D. NUMBER 970885

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
3/24	3/16	BONNIE TING	-0-	25,000	-0-	-0-
			<b>SUBTOTAL</b>	<b>\$ 25,000</b>		
					<b>TOTAL INTEREST PAID THIS PERIOD</b>	<b>\$ -0-</b>

Attach additional information on appropriately labeled continuation sheets.

\*IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.  
Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section c Schedule B.

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 3-18-98  
through 5-16-98

CALIFORNIA  
STATE FORM **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	9/17/97	2000	2000	0
	12/31/97	10000	12000	0
	3/16/98	30000	42000	0
R. E. McCollum	3/13/98	50000	50000	0
TOTAL \$			92000	

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

Statement covers period  
from 3-18-98  
through 5-16-98



Page 1 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER HOLDER 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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
4/1	JAMES O'BRIEN 120 Country Club DR #204 Incline Village NV 89451	Property Mgmt	OFFICE RENT REDUCTION	1400	2800	
5/1	"	"	"	1400	4200	
4/1	GARY MARKOFER	OFFICE FURNITURE RENTAL	OFFICE FURNITURE	300	600	
5/1	"	"	"	300	900	
5/16	MICHAEL McCOLLUM	CANDIDATE	MISC OFFICE SUPPLIES	234	634	
<b>SUBTOTAL \$</b>				<b>3634</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.) ..... \$ 5414
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 50
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ 5464

**Non-Monetary Contributions Received**

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 49

Page 2 of 2

I.D. NUMBER 970885

Statement covers period from 3-18-98 through 5-16-98

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)
5/16	Michael McCollum	Candidate	Computer & Printer Rental	900	1534	
	omit					
4/28	Wing Woz	Homemaker	Food for reception	200	200	
4/15	Nicholson & Olson 729 Sunrise Ave # 303 Roseville CA 95661	CPAs	Accounting Services	680	680	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1780

**Non-Monetary Contributions Summary**

- Amount received this period — non-monetary contributions of \$100 or more. (Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period — non-monetary contributions of less than \$100. (Do not itemize.) ..... \$ \_\_\_\_\_
- Total non-monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ \_\_\_\_\_

**Schedule D**

**Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)**

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

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

SCHEDULE

STATE OF CALIFORNIA  
1997 FORM 49

Statement covers period  
from 3-18-98  
through 5-16-98

Page 1 of 1

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 PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	N/A					

Attach additional information on appropriately labeled continuation sheets.	(a)	(b)
<b>SUBTOTALS \$</b>		

**Enforceable Promises Received Summary**

- Promises received of \$100 or more this period (Column (a)). \$ 0
  - Promises received under \$100 this period. (Do not itemize.) \$ 0
  - Total promises received this period. (Add Lines 1 and 2.) \$ 0
  - Payments received on promises of \$100 or more this period. (Column (b)). \$ 0
  - Payments received on promises under \$100 this period. (Do not itemize. Also include on Schedule A Summary, Line 2.) \$ 0
  - Total payments received. (Add Lines 4 and 5.) \$ 0
  - Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) \$ 0
- TOTAL \$ 0  
NET \$ 0





Statement covers period  
from 3-18-98  
through 5-16-98

Page 2 of 6

I.D. NUMBER  
970885

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

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

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
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "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
Tracey Righello	P			100
U.S. Postmaster Sacramento CA	G			1664
Toms Printing 1819 E Street Sacramento CA 95814	L			193
Tony Siciliani 212 Shelby Ranch Rd #7 Sacramento CA 95864	L			2351
Woodbridge Co O'Brien 120 Country Club Dr #20L Incline Village NV 89451	G			600

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

SCHEDULE E

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

Statement covers period  
from 3-18-98  
through 5-16-98



Page 3 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

I.D. NUMBER

970885

CODES FOR CLASSIFYING EXPENDITURES

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
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- "O" -- OUTSIDE ADVERTISING
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- "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 OUTSCOPE	0			2871
DAN BROCK INS.	G			617
Federal Express	G			62
Alhambra Drinking Water	G			71
PACIFIC BELL telephone	G			868

Statement covers period  
from 3-18-98  
through 5-16-98

Page 4 of     

I.D. NUMBER 970885

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

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

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 H.O.I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

AMOUNT PAID

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
B		K R A K Radio	2121
G		FIRST USA USA	1931
S		Meta Information SVC	294
L		Team for the 90s	327
G		San Diego News Clips	35

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

Statement covers period  
from 3-18-98  
through 5-16-98



Page 5 of 6  
I.D. NUMBER  
970885

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

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
PACIFIC MEDIA & RESEARCH	S			125.
KHYL Radio	B			600
KFBK Radio	B			1916
Tracy Righello	G			331
KSTE Radio	B			246

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

Statement covers period  
from 3-18-98  
through 5-16-98



Page 6 of 6  
I.D. NUMBER  
970885

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

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
<u>Steinberg &amp; Associates</u>	<u>S</u>			<u>100.</u>

Statement covers period from 3-18-98 through 5-16-98

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

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

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

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
	CODE	DESCRIPTION OF OUTSTANDING PAYMENT	
Donald Wilson	P		1400
Tracy Righello	P		1000
SUBTOTAL \$			2400

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.) ..... \$ 2400

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

3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) ..... INCURRED TOTAL \$ 2400

4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) ..... PAID TOTAL \$ ( 914

5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) ..... NET \$ 1486

Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of an Officeholder or  
Candidate)

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

JULI 1998



Statement covers period  
from 3-18-98  
through 5-16-98

Page 1 of 1  
I.D. NUMBER 970885

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollum State Senate District 6

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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.

- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (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

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$

**Schedule H - Part I  
Loans Made to Others**

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

SCHEDULE H - P.



Statement covers period  
from 3-18-98  
through 5-16-98

Page 1 of 1

I.D. NUMBER 970885

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICERHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McCollan State Senate District 6

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (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)	INTEREST RATE	DUE DATE	AMOUNT
	N/A			
				SUBTOTAL \$ <u>0</u>

**Loans Made to Others - Part I Summary**

- Loans of \$100 or more made this period.  
(Include all Loans Made - Part I subtotals.) \$
- Loans under \$100 made this period.  
(Do not itemize.) \$
- Total loans made this period.  
(Add Lines 1 and 2.) TOTAL \$

**Loans Repayments Received - Part II Summary**

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more  
which have been forgiven by this officeholder, candidate, or committee - Part II (a) subtotals.) \$       
If forgiven, also itemize on Schedule E.)
- Payments received on loans under \$100.  
(Including a forgiveness. Do not itemize.) \$
- Total loan payments received this period.  
(Add Lines 1 and 2.) TOTAL \$
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 9.) NET \$



**Schedule H - Part II**  
**Loan Repayments Received on Loans Made**  
**to Others (Including Payments Received**  
**from Third Parties) and Loans Forgiven**

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

SCHEDULE H - Part II

Statement covers period

from 3-18-98

through 5-16-98

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

McClellan State Senate District 6

I.D. NUMBER

970885

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL* (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED
		N/A				

Attach additional information on appropriately labeled continuation sheets. (a) SUBTOTAL \$ (b) TOTAL INTEREST RECEIVED THIS PERIOD \$

**IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.



# Schedule I Miscellaneous Increases to Cash

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*McCollum State Senate District 6*

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (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 RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

### Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. .... \$
- Increases to cash under \$100 this period. (Do not itemize.) .... \$
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... TOTAL \$