

**Recipient Committee
Statement of Termination**

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's campaign disclosure statements.

RECIPIENT COMMITTEE
STATEMENT OF TERMINATION

Date Stamp
RECEIVED AND FILED
POLITICAL REFORM DIVISION
OFFICE OF SECRETARY OF STATE
99 MAR 24 PM 12:32
Time
RECEIVED
For Official Use Only
JUN 1 - 1999
CITY CLERK: BILL JONES
CITY OF SACRAMENTO
CA SECRETARY OF STATE

I Recipient Committee Information

NAME OF COMMITTEE: Citizen's Watch Committee I.D. NUMBER: 930305

ADDRESS OF COMMITTEE: 823 Sylvia Drive NO. AND STREET

CITY: Lodi, CA STATE: CA ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: (209) 334-9496

II Treasurer Information

NAME OF TREASURER: Cheryl L. E. Reinke

MAILING ADDRESS OF TREASURER: 823 Sylvia Drive NO. AND STREET

CITY: Lodi, CA STATE: CA ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: (209) 334-9496

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED: 1-29-99

- IV Verification**
- A. This committee has ceased to receive contributions and make expenditures;
 - B. This committee does not anticipate receiving contributions or making expenditures in the future;
 - C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;
 - D. This committee has no surplus funds; and
 - E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

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 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 March 17, 99 At Lodi, CA By Cheryl L. Reinke

Executed on 11 11 At Lodi, CA By 11

Executed on _____ At _____ By _____

Executed on _____ At _____ By _____

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STATEMENT OF TERMINATION

Date Stamp	CALIFORNIA 1994 FORM 415
RECEIVED SECRETARY OF STATE POLITICAL REFORM DIVISION CITY OF SACRAMENTO	
For Official Use Only	

I Recipient Committee Information

NAME OF COMMITTEE		I.D. NUMBER	
Citizen's Watch Committee		930305	
ADDRESS OF COMMITTEE		NO. AND STREET	
823 Sylvia Drive			
CITY	STATE	ZIP CODE	
Lodi, CA		95240	
AREA CODE/DAYTIME PHONE NUMBER			
(209) 334-9496			

II Treasurer Information

NAME OF TREASURER		
Cheryl L. E. Reinke		
MAILING ADDRESS OF TREASURER		NO. AND STREET
823 Sylvia Drive		
CITY	STATE	ZIP CODE
Lodi, CA		95240
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Executed on	<u>March 17, 99</u>	At	<u>Lodi, CA</u>
	DATE		CITY AND STATE
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	DATE		CITY AND STATE
Executed on	_____	At	_____
	DATE		CITY AND STATE
Executed on	_____	At	_____
	DATE		CITY AND STATE

By	<u>Cheryl L. Reinke</u>
	SIGNATURE OF TREASURER
By	<u>11</u>
	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By	_____
	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By	_____
	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Mailed via to Sec. of State on 2/22/99

State of California Fair Political Practices Commission