

**Recipient Committee
Statement of Termination**

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

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WHERE TO FILE: 981839

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

RECIPIENT COMMITTEE
STATEMENT OF TERMINATION

Date Stamp: JUN 1 1999
CALIFORNIA 415
For Official Use Only
JUN 1 - 1999
Alice M. Reimche
City Clerk
City of Lodi

Type or print in ink.

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.

I Recipient Committee Information

NAME OF COMMITTEE	I.D. NUMBER
COMMITTEE TO ELECT BOB JOHNSON	981839
ADDRESS OF COMMITTEE	CITY AND STREET
1311 MIDVALE ROAD	
CITY	STATE ZIP CODE
Lodi	CA 95240
AREA CODE/DAYTIME PHONE NUMBER	
(209) 334-6717	

II Treasurer Information

NAME OF TREASURER	NO. AND STREET
BRUCE SASAKI	3026 ROSEWOOD DRIVE
MAILING ADDRESS OF TREASURER	CITY STATE ZIP CODE
	Lodi CA 95242
AREA CODE/DAYTIME PHONE NUMBER	
(209) 369-3546	

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED
1/31/99

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 <u>2/1/99</u>	At <u>Lodi, CA</u>	By <u>[Signature]</u>
	CITY AND STATE	SIGNATURE OF TREASURER
Executed on <u>2/1/99</u>	At <u>Lodi</u>	By <u>[Signature]</u>
	CITY AND STATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOONENT
Executed on _____	At _____	By _____
	CITY AND STATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOONENT
Executed on _____	At _____	By _____
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**Recipient Committee
Statement of Termination**

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Type or print in ink.

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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.

COPY

Date Stamp

RECEIVED

FEB -1 PM 3:12

CITY OF LODI

RECIPIENT COMMITTEE
STATEMENT OF TERMINATION

CALIFORNIA 1994 FORM **415**

For Official Use Only

I Recipient Committee Information

NAME OF COMMITTEE		I.D. NUMBER	
COMMITTEE TO ELECT BOB JOHNSON		961839	
ADDRESS OF COMMITTEE		NO. AND STREET	
1311 MIDVALE ROAD			
CITY	STATE	ZIP CODE	
Lodi	CA	95240	
AREA CODE/DAYTIME PHONE NUMBER			
(209) 334-6717			

II Treasurer Information

NAME OF TREASURER		
BRUCE SASAKI		
MAILING ADDRESS OF TREASURER		NO. AND STREET
3026 ROSEWOOD DRIVE		
CITY	STATE	ZIP CODE
Lodi	CA	95242
AREA CODE/DAYTIME PHONE NUMBER		
(209) 369-3548		

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED
1/31/99

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.

667616 w/ ppgrow
2/1/99

Executed on <u>2/1/99</u> <small>DATE</small>	At <u>Lodi, CA</u> <small>CITY AND STATE</small>	By <u>[Signature]</u> <small>SIGNATURE OF TREASURER</small>
Executed on <u>2/1/99</u> <small>DATE</small>	At <u>Lodi</u> <small>CITY AND STATE</small>	By <u>[Signature]</u> <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	At _____ <small>CITY AND STATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	At _____ <small>CITY AND STATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

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.

**Officeholder and Candidate
Statement of Termination**

This form must be completed by officeholders and candidates that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

Officeholders and candidates must file Form 416 with the filing officer with whom they filed their original campaign statements (Form 470 or 490).

COPY

OFFICEHOLDER AND CANDIDATE
STATEMENT OF TERMINATION

Date Stamp

CALIFORNIA FORM 416
For Official Use Only

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE
BOB JOHNSON

RESIDENTIAL OR BUSINESS ADDRESS NO. AND STREET
1311 MIDVALE ROAD

CITY STATE ZIP CODE
LUDDI CA 95240

AREA CODE/DAYTIME PHONE NUMBER
(209) 334-6717

II Office Sought or Held

OFFICE SOUGHT OR HELD FOR WHICH YOU ARE FILING THIS STATEMENT
COUNCILMEMBER

JURISDICTION (IF APPLICABLE) DISTRICT NUMBER (IF APPLICABLE)
CITY OF LUDDI

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED
1/31/99

IV Verification

For the office listed in Part II of this form, I verify that:

- A. I do not hold or am no longer a candidate for the office;
- B. I have ceased to receive contributions and make expenditures;
- C. I do not anticipate receiving contributions or making expenditures in the future;
- D. I have eliminated or I declare that I have no intention or ability to discharge all debts, loans received, and other obligations;
- E. I have no surplus funds; and
- F. I have 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 2/1/99 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE