

**Recipient Committee  
Statement of Termination**

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

591

**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

Type or print in ink:

99 JUN 29 AM 8:32

BILL JONES

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 on: 1/21/99 4:45pm City Clerk's office JMT	CALIFORNIA 1994 FORM <b>415</b> For Official Use Only JUN 21 AM 10:14 CITY CLERK
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NAME OF COMMITTEE  
Committee To Elect Jane Lea  
To Lodi City Council

ID. NUMBER  
981919

NAME OF TREASURER  
DAWN C. SQUIRES

MAILING ADDRESS OF TREASURER  
CA 95240

1-25-99

- 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>Jan 25, 1999</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>Dawn C. Squires</u> SIGNATURE OF TREASURER
Executed on <u>Jan 24, 1999</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>Camille Green</u> SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on <u>JAN 26, 1999</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICER, 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.

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Statement of Termination**

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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 on: 1/27/99 4:46 pm	CALIFORNIA 1997 FORM <b>415</b>
	For Official Use Only

**I Recipient Committee Information**

NAME OF COMMITTEE Committee To Elect Jane Lea		I.D. NUMBER 981919	
ADDRESS OF COMMITTEE To Lodi City Council 508 Hilborn St		NO. AND STREET	
CITY Lodi	STATE CA	ZIP CODE 95240	
AREA CODE/DAYTIME PHONE NUMBER 209 334-1934			

**II Treasurer Information**

NAME OF TREASURER DAWN C. SQUIRES		
MAILING ADDRESS OF TREASURER 508 Hilborn St		NO. AND STREET
CITY Lodi	STATE CA	ZIP CODE 95240
AREA CODE/DAYTIME PHONE NUMBER 209 334-1934		

**III Effective Date of Termination**

DATE FILING OBLIGATIONS WERE COMPLETED 1-25-99
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**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>Jan 25, 1999</u> DATE	At <u>Lodi, CA</u> CITY AND STATE
Executed on <u>Jan 24, 1999</u> DATE	At <u>Lodi, CA</u> CITY AND STATE
Executed on <u>JAN 26, 1999</u> DATE	At <u>Lodi, CA</u> CITY AND STATE
Executed on _____ DATE	At _____ CITY AND STATE

By <u>Dawn C. Squires</u> SIGNATURE OF TREASURER
By <u>Camille Green</u> SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER, 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

Orig mailed to Sec. of State on 4/25/99 (see memo)

# 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).

Date Stamp	<b>CALIFORNIA</b> <b>FORM 416</b> For Official Use Only
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**I Officeholder or Candidate Termination**

NAME OF OFFICEHOLDER OR CANDIDATE  
JANE LEA

RESIDENTIAL OR BUSINESS ADDRESS 1931 HOLLY DR  
 NO. AND STREET

CITY LODI STATE CA ZIP CODE 95242

AREA CODE/DAYTIME PHONE NUMBER 209 - 367-0377

**II Office Sought or Held**

OFFICE SOUGHT OR HELD FOR WHICH YOU ARE FILING THIS STATEMENT  
Lodi City Council Member

JURISDICTION (IF APPLICABLE) \_\_\_\_\_ DISTRICT NUMBER (IF APPLICABLE) \_\_\_\_\_

**III Effective Date of Termination**

DATE FILING OBLIGATIONS WERE COMPLETED  
1-25-99

**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 1-25-99  
 DATE

By [Signature]  
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE