

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE OF FORM

SEE 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.)

Statement covers period
 from 10-1-96
 through 10-19-96
 Date of election if applicable:
 (Month, Day, Year)
11-5-96

Date Stamp
 RECEIVED
 OCT 24 PM 4:18
 COUNTY CLERK
 COUNTY OF LOS ANGELES

CALIFORNIA 1994 FORM **490**
 Page 1 of 4
 For Official Use Only

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
Ray A. Newport
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
1833 Robin Lane
 RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
Lodi CA 95240 (209) 333-3702
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME
Committee to Elect Ray Newport I.D. NUMBER
902252
 COMMITTEE ADDRESS (NO. AND STREET)
1833 Robin Lane (209) 333-3702
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240
 NAME OF TREASURER
Ray A. Newport
 PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
1833 Robin Lane 95240 (209) 333-3702
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 334-1822

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

(All entries are crossed out with a large 'N/A' mark)

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 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 10/24/96 At Lodi CA * By Ray Newport
 DATE CITY AND STATE 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 10/24/96 At Lodi CA * By Ray Newport
 DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____ By _____
 DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____ By _____
 DATE CITY AND STATE 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 <u>10-1-96</u> through <u>10-19-96</u>	490 Page <u>2</u> of <u>4</u>
I.D. NUMBER <u>902252</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Kay J. Newport

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 + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0</u>	\$ <u>3,179.00</u>	\$ <u>3,179.00</u>
2. Loans Received	Schedule B, Line 7	\$ <u>1,025.00</u>	\$ <u>11,486.00</u>	\$ <u>12,511.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1,025.00</u>	\$ <u>14,665.00</u>	\$ <u>15,690.00</u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>294.00</u>	\$ <u>294.00</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>1,025.00</u>	\$ <u>14,959.00</u>	\$ <u>15,984.00</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>1,025.00</u>	\$ <u>14,959.00</u>	\$ <u>15,984.00</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>884.00</u>	\$ <u>14,296.60</u>	\$ <u>15,180.60</u>
9. Loans Made	Schedule H, Line 7	\$ <u>1,025.00</u>	\$ <u>0</u>	\$ <u>1,025.00</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>1,909.00</u>	\$ <u>14,296.60</u>	\$ <u>16,205.60</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>1,909.00</u>	\$ <u>14,296.60</u>	\$ <u>16,205.60</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>0</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>1,025.00</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>884.00</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>141.00</u>

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

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* 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).

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$ 0

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See Instructions on reverse \$ 0

20. Outstanding Debts Add Lines 19 + Line 22 to Column C \$ 0

Summary for Candidates in Both June and November Elections

21. Contributions Received	<i>Self</i> 1/1 through 6/30 7/1 to Date	\$ <u>0</u>	\$ <u>1,025.00</u>
22. Expenditures Made		\$ <u>0</u>	\$ <u>884.00</u>

Schedule B — Part I
Loans Received

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

SCHEDULE B - Part I

Statement covers period
from 10-1-96
through 10-19-96

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Ray G. Davenport

I.D. NUMBER

902252

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
<i>10/1-10/19</i>	<i>RAY G. DAVENPORT</i>	<i>SELF</i>	DUE DATE INTEREST RATE	<i>1,025.00</i>	CALENDAR YEAR OTHER		CALENDAR YEAR OTHER
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						

*See important instructions on reverse.

SUBTOTAL \$

(a)

\$

(b)

Enter (b) on
Summary Page,
Line 18 only.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) *Self* \$ 1,025.00
- Loans under \$100 received this period. (Do not itemize.) \$ 0
- Total loans received this period. (Add Lines 1 and 2.) *Self* TOTAL \$ 1,025.00

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 \$ 1,025.00
- Enter the net here and on the Summary Page, Column A, Line 2.

**Schedule
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period from <u>10-1-96</u> through <u>10-19-96</u>	CALIFORNIA ISSUE FORM 490
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>902252</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Ray G. Davenport

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
- *B* - BROADCAST ADVERTISING
- *G* - GENERAL OPERATIONS AND OVERHEAD
- *I* - INDEPENDENT EXPENDITURES
- *N* - NEWSPAPER AND PERIODICAL ADVERTISING
- *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- *L* - LITERATURE
- *O* - OUTSIDE ADVERTISING
- *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- *F* - FUNDRAISING EVENTS

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)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Valley Outdoor Sign Company Krellman Lane Lodi, CA 95240</i>	<i>O</i>		<i>Check</i>	<i>450.00</i>
<i>Lodi Printing Sacramento Street Lodi</i>	<i>O</i>		<i>Check</i>	<i>405.25</i>
<i>Lodi News Sentinel Church Street Lodi, CA</i>	<i>N</i>		<i>Check</i>	<i>29.70</i>

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.

SUBTOTAL \$ 884.95

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>855.25</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>29.70</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>0</u>
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ <u>884.95</u>

from loan to self