

**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.

39

**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	CALIFORNIA 1994 FORM <b>415</b>
<b>RECEIVED AND FILED</b> In the office of the Secretary of State of the State of California	For Official Use Only
DEC 13 1996	

GILL JONES, Secretary of State

**I Recipient Committee Information**

NAME OF COMMITTEE		I.D. NUMBER	
Calleen Dixon For City Council		902244	
ADDRESS OF COMMITTEE		NO. AND STREET	
333 HILBORN ST			
CITY	STATE	ZIP CODE	
LOS ANGELES CA	CA	90024	
AREA CODE/DAYTIME PHONE NUMBER			
209 333 8010			

**II Treasurer Information**

NAME OF TREASURER			
Calleen Dixon			
MAILING ADDRESS OF TREASURER		NO. AND STREET	
333 HILBORN ST			
CITY	STATE	ZIP CODE	
LOS ANGELES CA	CA	90024	
AREA CODE/DAYTIME PHONE NUMBER			
209 333 8010			

**III Effective Date of Termination**

DATE FILING OBLIGATIONS WERE COMPLETED
11-30-96

**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>11-30-96</u>	At <u>Los Angeles</u> CA	By <u>Calleen Dixon</u>
		SIGNATURE OF TREASURER
Executed on _____	At _____	By <u>Calleen Dixon</u>
		SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	At _____	By _____
		SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	At _____	By _____
		SIGNATURE OF CONTROLLING OFFICER/HOLDER, 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.

of Organization  
nt Committee  
ment Code Sections 84101-84103)

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 original campaign disclosure  
statements.

STATEMENT OF ORGANIZATION

Date Stamp	CALIFORNIA STATE FORM 410
RECEIVED AND FILED In the office of the Secretary of State of the State of California	For Official Use Only
DEC 13 1996	
BILL JONES, Secretary of State	

Type or print in ink

Amendment

Check box if an Amendment  
and enter I.D. number:  
# 962244

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as  
Committee (Month, Day, Year) \_\_\_\_\_  Check box if not yet qualified

NAME OF COMMITTEE

Colleen Dixon For City Council

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

San Joaquin

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

NO SURPLUS FUNDS - ALL USED IN FINAL ADVERTISING

IV Verification

I have used all reasonable diligence in preparing this 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 11-30-96 At Code CA By Colleen Dixon  
DATE CITY AND STATE SIGNATURE OF TREASURER

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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