

U-300 + 1-10-97  
Copy - Clerk

*COPY*

# 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.

REL \_NT COMMITTEE  
STATEMENT OF TERMINATION

Date Stamp  
**RECEIVED**  
19 JUL 25 PM 4:10  
KERN COUNTY CLERK  
CITY OF LODI

For Official Use Only  
CALIFORNIA  
1994-DEM  
**415**

## I Recipient Committee Information

NAME OF COMMITTEE <i>Comm to Elect Ray Davenport to City Council</i>		I.D. NUMBER <i>902252</i>
ADDRESS OF COMMITTEE <i>1833 Robin Ln</i>		NO. AND STREET
CITY <i>Lodi</i>	STATE <i>CA</i>	ZIP CODE <i>95240</i>
AREA CODE/DAYTIME PHONE NUMBER <i>209 333 3702</i>		

## II Treasurer Information

NAME OF TREASURER <i>RAY DAVENPORT</i>		
MAILING ADDRESS OF TREASURER <i>1833 Robin Ln</i>		NO. AND STREET
CITY <i>Lodi</i>	STATE <i>CA</i>	ZIP CODE <i>95240</i>
AREA CODE/DAYTIME PHONE NUMBER <i>209 333 3702</i>		

## III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED <i>7-24-97</i>
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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, *To the best of my knowledge and belief.*

Executed on <u>7-24-97</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>Ray Davenport</u> SIGNATURE OF TREASURER
Executed on <u>7-24-97</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>Ray Davenport</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

*o-Clerk*

# 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.

*ORIGINAL*

### 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).  
*City clerk*

OFFICEHOLDER AND CANDIDATE STATEMENT OF TERMINATION

Date Stamp	<b>CALIFORNIA 416</b> 1994 FORM For Official Use Only
RECEIVED JUL 25 PM 4:40 ALICE H. REINICHE CITY CLERK CITY OF LODI	

**I Officeholder or Candidate Termination**

NAME OF OFFICEHOLDER OR CANDIDATE  
*RAY G. DAVENPORT*

RESIDENTIAL OR BUSINESS ADDRESS NO. AND STREET  
*1833 Robin LANE*

CITY STATE ZIP CODE  
*LODI CA 95240*

AREA CODE/DAYTIME PHONE NUMBER  
*209 333 3702*

**II Office Sought or Held**

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

JURISDICTION (IF APPLICABLE) DISTRICT NUMBER (IF APPLICABLE)  
*LODI*

**III Effective Date of Termination**

DATE FILING OBLIGATIONS WERE COMPLETED  
*July 24, 1997*

## 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, *to the best of my knowledge and belief.*

Executed on *7-24-97* At *LODI CA* By *Ray Davenport*  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE