

**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.

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**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 FORM 415
<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	

**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	
LODI CA		95240	
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	
LODI CA		95240	
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>Lodi CA</u>	By <u>Calleen Dixon</u>
		SIGNATURE OF TREASURER
Executed on _____	At _____	By <u>Calleen Dixon</u>
		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	At _____	By _____
		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	At _____	By _____
		SIGNATURE OF CONTROLLING OFFICEHOLDER, 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.