.IORT FORM

Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses or enforceable promises received.

Statement covers period	Date Stamp	CALIFORNIA FORM 450
from July 1, 1995	RECEIVED	Page 1 of 2
through Dec. 31, 1995	96 FEB 21 PM	For Official Use Only
Date of election if applicable: (Month, Day, Year)		

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Quarterly Statement
- ☐ Special Odd-year Campaign Report
- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- ☐ Termination Statement (Attach a completed Form 415 to this statement.)

I Committee Information

NAME OF COMMITTEE: Committee to Recall Davenport

I.D. NUMBER: 930573

NAME OF TREASURER: Thomas J. Newton

ADDRESS OF COMMITTEE (NO. AND STREET): 1111 W. Tokay St. St. A

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 529 Plum Ct. Lodi Cal. 95242

CITY: Lodi STATE: Cal. ZIP CODE: 95242

CITY: Lodi STATE: Cal ZIP CODE: 95242

AREA CODE/PHONE NUMBER: NONE

AREA CODE/DAYTIME PHONE NUMBER: 209 369-6771

II Committee Type *(check boxes)*

Is this a controlled committee? ☐ Yes ☒ No Is this a sponsored committee? ☐ Yes ☒ No Is this a broad based committee? ☐ Yes ☒ No

III Verification

This committee has not received any contributions, cumulative contributions or miscellaneous receipts from a single source totaling $100 or more which must be itemized, and this committee has not made or received loans, and has no accrued expenses or outstanding enforceable promises received.

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 Feb. 21, 1996 (DATE) At Lodi Cal. (CITY AND STATE) By [signature] (SIGNATURE OF TREASURER)

An officeholder, candidate, or state measure proponent 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 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 _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR 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.

SHORT FORM

Recipient Committee Campaign Disclosure Statement Summary Page

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

Statement covers period from July 1, 1995 through Dec. 31, 1995

CALIFORNIA 1994 FORM 450

NAME OF COMMITTEE: Committe to Recall Davenport

I.D. NUMBER: 930573

Expenditures Made

1. Expenditures of $100 or more made this period ..... $ 0
2. Expenditures under $100 *(Not itemized.)* 0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... *Add Lines 1 + 2* $ 0
4. Total expenditures made from previous statement ..... *Previous Summary Page, Line 5* 13,436
   (If this is the first statement for the calendar year, enter zero.)
5. TOTAL EXPENDITURES MADE TO DATE ..... *Add Lines 3 + 4* $ 13,436

Contributions Received

6. Monetary contributions received this period ..... $ 0
7. Non-monetary contributions received this period 0
8. Total contributions received from previous statement ..... *Previous Summary Page, Line 9* $ 17,037
   (If this is the first statement for the calendar year, enter zero.)
9. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... *Add Lines 6 + 7 + 8* $ 17,037

Current Cash Statement

10. Beginning cash balance ..... *Previous Summary Page, Line 14* $ 101
11. Cash receipts this period ..... *Line 6 above* 0
12. Miscellaneous increases to cash 0
13. Cash expenditures this period ..... *Line 3 above* 0
14. **ENDING CASH BALANCE THIS PERIOD** ..... *Add Lines 10 + 11 + 12, then subtract Line 13* $ 101

OFFICIAL RECEIPT

Office of Finance Director

CITY OF LODI, CALIFORNIA

Received From City Clerk

No. 09170

Date 2/26/96

Check No. 558

FUND	G.L.	ACCT. NO.	OBJ.	AMOUNT		DESCRIPTION
10.0			901	100	00	Late filing fine - Thomas J. Newton
						PAID
						FEB 26 1996
						City of Lodi
			Total	100	00	

By

COL-205 (Rev. 12-92)

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