

**Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE OF LONG FORM

Statement covers period from <u>6/30/95</u> through <u>1/31/96</u>	Date Stamp RECEIVED JAN 31 PM 4:56 SANTA CLARA COUNTY CLERK	CALIFORNIA 594 FORM <b>490</b>
Date of election if applicable: (Month, Day, Year)		Page <u>1</u> of <u>2</u> For Official Use Only

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.)

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

NAME OF OFFICEHOLDER OR CANDIDATE  
Ray G. Davenport

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
1833 Robin Lane

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)  
1833 Robin Lane

CITY, STATE, ZIP CODE, AREA CODE/DAYTIME PHONE  
Lodi, CA 95240 (209) 333-3702

COMMITTEE NAME  
Committee to Elect Ray Davenport

COMMITTEE ADDRESS (NO. AND STREET)  
1833 Robin Lane

CITY, STATE, ZIP CODE, AREA CODE/DAYTIME PHONE  
Lodi, CA 95240 (209) 334-0822

NAME OF TREASURER  
Ray G. Davenport

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
1833 Robin Lane

CITY, STATE, ZIP CODE, AREA CODE/DAYTIME PHONE  
Lodi, CA 95240 (209) 333-3702

I.D. NUMBER  
902252

**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
	<u>902252</u>
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	

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 1-30-96 DATE At Lodi, CA CITY AND STATE

By Ray Davenport 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 \_\_\_\_\_ DATE At \_\_\_\_\_ CITY AND STATE

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ DATE At \_\_\_\_\_ CITY AND STATE

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ DATE At \_\_\_\_\_ CITY AND STATE

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

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.

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>6/30/95</u> through <u>11/31/96</u>	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER <u>902252</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

## 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>0</u>	\$ <u>3,179.00</u>
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>11,486.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>	\$ <u>14,665.00</u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>294.00</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>14,959.00</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>0</u>	\$ <u>0</u>	\$ <u>14,959.00</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>14,296.60</u>
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>0</u>	\$ <u>0</u>	\$ <u>14,296.60</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>0</u>	\$ <u>0</u>	\$ <u>14,296.60</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>0</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>0</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>0</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).

## Summary for Candidates in Both June and November Elections

		1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ <u>0</u>	\$ <u>0</u>
21. Contributions Received		\$ <u>0</u>	\$ <u>0</u>
22. Expenditures Made		\$ <u>0</u>	\$ <u>0</u>
19. Cash Equivalents	See instructions on reverse	\$ <u>0</u>	\$ <u>0</u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>11,408.75</u>	\$ <u>0</u>

## Cash Equivalents and Outstanding Debts