

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

Type or print in ink.

COVER PAGE LONG FORM

CALIFORNIA (ISSUE FORM) **490**

Page 1 of 1

For Official Use Only

Statement covers period from 1-1-94 through 6-30-94

Date Stamp RECEIVED AUG -1 PM 12:15

Date of election if applicable (Month, Day, Year) \_\_\_\_\_

JENNIFER H. PERRIN  
CITY CLERK

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) 445 E. Almond Dr. #45

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET) Sodi, CA CITY STATE CA ZIP CODE 95240 AREA CODE/DAYTIME PHONE 209-333-3702

COMMITTEE NAME Committee to Elect Ray Davenport I.D. NUMBER \_\_\_\_\_

COMMITTEE ADDRESS (NO. AND STREET) 23324 W. Austin Road CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE 902252

NAME OF TREASURER Ray G. Davenport I.D. NUMBER \_\_\_\_\_

PERMANENT ADDRESS OF TREASURER (NO. AND STREET) 445 E. Almond Dr. #45 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE Sodi, CA 95220

**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
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 7-29-94 At Sodi, California

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 \_\_\_\_\_ At \_\_\_\_\_

By Ray Davenport SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

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

Executed on \_\_\_\_\_ At \_\_\_\_\_

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.

SI MARY PAGE

Statement covers period from <u>1-1-94</u> through <u>6-30-94</u>	CALIFORNIA DISC FORM <b>490</b> Page <u>2</u> of <u>8</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*Kay G. Ravenport*

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

**Expenditures Made**

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>0</u>	\$ <u>14,296.60</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>14,296.60</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>14,296.60</u>	\$ <u>14,296.60</u>

**Current Cash Statement**

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>331.52</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>331.52</u>

If this is a termination statement, Line 17 must be zero.

\* 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>	
19. Cash Equivalents	See Instructions on reverse	\$ <u>0</u>	
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>11,486.00</u>	
21. Contributions Received		\$ <u>14,959.00</u>	
22. Expenditures Made		\$ <u>14,296.61</u>	

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1-1-94</u> through <u>6-30-94</u>	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>3</u> of <u>8</u>
I.D. NUMBER <u>902252</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*Ray L. Davensport*

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<i>None</i>					

**SUBTOTAL \$**

**Monetary Contributions Summary**

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... *None* \$ \_\_\_\_\_
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule B — Part I  
Loans Received**

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

Statement covers period  
from 1-1-94  
through 6-30-94

CALIFORNIA  
100 FORM **490**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Ray L. Davenport

I.D. NUMBER  
902252

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER

\*See important instructions on reverse.

SUBTOTAL \$ <sup>(a)</sup> \_\_\_\_\_ \$ <sup>(b)</sup> \_\_\_\_\_

Enter (b) on Summary Page, Line 18 only.

**Loans Received — Part I Summary**

- 1. Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... \$ \_\_\_\_\_
- 2. Loans under \$100 received this period. (Do not itemize.) ..... \$ \_\_\_\_\_
- 3. Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ \_\_\_\_\_

**Loans Received — Part II Summary**

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ \_\_\_\_\_
  - 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ \_\_\_\_\_
  - 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ ( \_\_\_\_\_ )
  - 7. Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ \_\_\_\_\_
- May be a negative number.



**Schedule C  
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1-1-94</u> through <u>6-30-94</u>	CALIFORNIA STATE FORM <b>490</b>
	Page <u>6</u> of <u>8</u>
I.D. NUMBER <u>902252</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*Kay G. Newport*

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

**Non-Monetary Contributions Summary**

- 1. Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ None
- 2. Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ None
- 3. Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ None

**Schedule  
Payments and Contributions  
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period from <u>1-1-94</u>	CALIFORNIA ISSUE <b>490</b>
through <u>6-30-94</u>	
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>902252</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*Ray G. Davenport*

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>W. G. Rice</i>				

*Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.*

SUBTOTAL \$

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Payments made this period of under \$100. (Do not itemize.) ..... \$ \_\_\_\_\_
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) ..... \$ \_\_\_\_\_
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... \$ \_\_\_\_\_
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) ..... TOTAL \$ \_\_\_\_\_

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1-1-94</u> through <u>6-30-94</u>	CALIFORNIA REGISTRY <b>490</b> Page <u>8</u> of <u>8</u>
---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*Ray G. Davenport*

I.D. NUMBER

*902252*

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<i>None</i>			

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Miscellaneous Increases to Cash Summary**

- 1. Increases to cash of \$100 or more this period. .... \$ \_\_\_\_\_
- 2. Increases to cash under \$100 this period. (Do not itemize.) .... \$ \_\_\_\_\_
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$ \_\_\_\_\_
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... TOTAL \$ \_\_\_\_\_