

received by Alice M. Bunch,
City Clerk 7/31/92

LONG FORM

**Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form**

(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period

from 1-1-92

through 6-31-92

Date Stamp

RECEIVED

JUL 31 PM 1:17

ALICE M. BUNCH
CITY CLERK
CITY OF LOS ANGELES

CALIFORNIA 1991 FORM 490

Page 1 of 8

A For Official Use Only

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)
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement)

Date of Election
If applicable:
(Month, Day, Year)

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

NAME OF OFFICEHOLDER OR CANDIDATE

Ray J. Navenport

OFFICE Sought OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

445 E. Almond St. #45

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

Locke CA 95240 209-334-0822 (Bus)

Ray Navenport for City Council & Committee

COMMITTEE NAME

ID NUMBER

23324 N. Austin Rd
Locke, CA 95220 209-334-0822

COMMITTEE ADDRESS (NO. AND STREET)

Locke, CA 95220 209-334-0822

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Ray J. Navenport

NAME OF TREASURER

445 E. Almond St #45

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

Locke, CA 95240 209-334-0822

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

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

ID NUMBER

N/A

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:

I have used all reasonable diligence in preparing this 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 7/30/92 At Locke, CA

DATE CITY AND STATE

Officeholder or Candidate:

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 7/30/92 At Locke, CA

DATE CITY AND STATE

**Allocation Page — Part I
Contributions and Independent Expenditures
Made From Campaign Funds**

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

Statement covers period
from 1-1-92
through 6-31-92

ALLOCATION — Part I
CALIFORNIA 1991 FORM 490

Page 2 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Kay Davenport

I.D. NUMBER

902252

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUPPORT	OPPOSE				

* See reverse regarding independent expenditures.

SUBTOTAL \$

Allocation — Part I Summary

Attach additional information on appropriately labeled continuation sheets.

- 1. Contributions and independent expenditures of \$100 or more made this period from campaign funds.
(Include all Allocation Page — Part I subtotals.) \$ 0
- 2. Contributions and independent expenditures under \$100 made this period from campaign funds.
(Do not itemize.) \$ 0
- 3. Total contributions and independent expenditures made this period from campaign funds.
(Do not carry this total to the Summary Page.) **TOTAL \$** 0

**Allocation Page — Part II
Contributions and Independent Expenditures
Made From Personal Funds**

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

ALLOCATION — Part II

Statement covers period from <u>1-1-92</u> through <u>6-30-92</u>	CALIFORNIA 1991 FORM 490
Page <u>3</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE:

Kay Saverport

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUPPORT	OPPOSE				

* See reverse regarding independent expenditures. **SUBTOTAL \$**

Allocation — Part II Summary

Attach additional information on appropriately labeled continuation sheets.

- 1. Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) \$ 0
- 2. Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.) \$ 0
- 3. Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) **TOTAL \$** 0

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 1-1-92
through 6-30-92

**CALIFORNIA
1991 FORM 490**

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Ray Owenfort

I.D. NUMBER

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 & 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)

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.)..... \$ 0
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 0

**Schedule B — Part I
Loans Received**

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

Statement covers period
from 1-1-92
through 30-92

CALIFORNIA
1991 FORM **490**

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Ray Swenson

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 TREASURER'S NAME & 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 \$

(a)

\$

(b)

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.)\$ 0
- 2. Loans under \$100 received this period. (Do not itemize.)\$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 0

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.)\$ 0
- 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.\$ 0
- 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** 0
- 7. Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. **NET \$** 0

May be a negative number.

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

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

Statement covers period
from 1-1-92
through 6-30-92

SCHEDULE E

CALIFORNIA 1991 FORM 490

Page 7 of 8

I.D. NUMBER
902252

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Ray Newport

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 & 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

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>0</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$	<u>0</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).)	\$	<u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$	<u>0</u>
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 \$	<u>0</u>

