

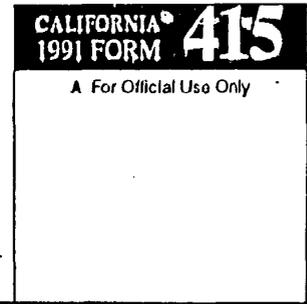
Statement of Termination ✓

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

RECEIVED
 RECEIVED
RECEIVED AND FILED
 In the office of the Secretary of State of the State of California
 JAN 05 1994



I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE:
JESSE CORDOVA
 RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)
330 S. FAIRMONT AVE., #5
 CITY STATE ZIP CODE
LODI CA 95240
 AREA CODE/DAYTIME PHONE NUMBER
(209) 333-8657

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD:
MEMBER OF LODI CITY COUNCIL
 LOCATION (IF APPLICABLE) DISTRICT NUMBER (IF APPLICABLE)
LODI CA
 EFFECTIVE DATE OF TERMINATION:
12/31/93

III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/3/94 At LODI CA
 By Jesse Cordova
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

I Recipient Committee Termination

NAME OF COMMITTEE:
COMMITTEE TO ELECT JESSE CORDOVA
 MARCH FONG EU, Secretary of State
 I.D. NUMBER
923208
 ADDRESS OF COMMITTEE: (NO. AND STREET)
330 S. FAIRMONT AVE., #5
 CITY STATE ZIP CODE
LODI CA 95240
 AREA CODE/DAYTIME PHONE NUMBER
(209) 333-8657

II Treasurer Information

NAME OF TREASURER:
SUNIL YADAV
 PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)
1050 S. CHEROKEE LANE
 CITY STATE ZIP CODE
LODI CA 95240
 AREA CODE/DAYTIME PHONE NUMBER EFFECTIVE DATE OF TERMINATION:
(209) 333-8844 12/31/93

III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/3/94 At LODI CA
 By Sunil Yadav
 SIGNATURE OF TREASURER

Executed on 1/3/94 At LODI CA
 By Jesse Cordova
 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

Statement of Termination

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Type or Print in Ink.

Date Stamp

RECEIVED

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CALIFORNIA 1991 FORM 415

A For Official Use Only

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE:
JESSE CORDOVA

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)
330 S. FAIRMONT AVE., #5

CITY **LODI** STATE **CA** ZIP CODE **95240**

AREA CODE/PHONE NUMBER
(209) 333-8657

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD:
MEMBER OF LODI CITY COUNCIL

LOCATION (IF APPLICABLE) **LODI CA** DISTRICT NUMBER (IF APPLICABLE)

EFFECTIVE DATE OF TERMINATION:
12/31/93

III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/3/94 At LODI CA

By Jesse Cordova
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

*Mailed to Sec. of State's office on 1/3/94
 (Mr. Cordova will complete & mail his own
 501 & 502 forms)*

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

I Recipient Committee Termination

NAME OF COMMITTEE:
COMMITTEE TO ELECT JESSE CORDOVA I.D. NUMBER **923208**

ADDRESS OF COMMITTEE: (NO. AND STREET)
330 S. FAIRMONT AVE., #5

CITY **LODI** STATE **CA** ZIP CODE **95240**

AREA CODE/PHONE NUMBER
(209) 333-8657

II Treasurer Information

NAME OF TREASURER:
SUNIL YADAV

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)
1050 S. CHEROKEE LANE

CITY **LODI** STATE **CA** ZIP CODE **95240**

AREA CODE/DAYTIME PHONE NUMBER **(209) 333-8844** EFFECTIVE DATE OF TERMINATION:
12/31/93

III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/3/94 At LODI CA

By Sunil Yadav
SIGNATURE OF TREASURER

Executed on 1/3/94 At LODI CA

By Jesse Cordova
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ At _____

By _____

Executed on _____ At _____

By _____