

# 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  
**AND FILED**  
 ...no office of the Secretary of State  
 of the State of California

TERMINATION  
**CALIFORNIA 1991 FORM 415**  
 A For Official Use Only

OCT 25 1993

MARCH FONG EU, Secretary of State

*plc*

94 JUN 28 AM 8:45

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:  
**JAMES E. GRIFFITH**

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET):  
**1020 Bradford Circle**

CITY STATE ZIP CODE  
**Lodi CA 95240**

AREA CODE/PHONE NUMBER  
**209/339-8533**

## II Information on Office Sought or Held

OFFICE SOUGHT OR HELD:  
**City Council**

LOCATION (IF APPLICABLE) DISTRICT NUMBER (IF APPLICABLE)  
**Lodi, CA**

EFFECTIVE DATE OF TERMINATION:  
**10/21/93**

## 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 10/21/93 At Lodi, CA  
 DATE CITY AND STATE

By *[Signature]*  
 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:  
**CITIZENS TO ELECT JIM GRIFFITH**

ADDRESS OF COMMITTEE (NO AND STREET):  
**1020 Bradford Circle**

CITY STATE ZIP CODE  
**Lodi CA 95240**

AREA CODE/PHONE NUMBER  
**209/339-8533**

I.D. NUMBER  
**921980**

## II Treasurer Information

NAME OF TREASURER:  
**Harry L. Marzolf**

PERMANENT ADDRESS OF TREASURER (NO AND STREET):  
**445 Madrone Ct.**

CITY STATE ZIP CODE  
**Lodi CA 95240**

AREA CODE/DAYTIME PHONE NUMBER EFFECTIVE DATE OF TERMINATION:  
**209/369-8274 10/21/93**

## 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 10/21/93 At Lodi, CA  
 DATE CITY AND STATE

By *[Signature]*  
 SIGNATURE OF TREASURER

Executed on 10/21/93 At Lodi, CA  
 DATE CITY AND STATE

By *[Signature]*  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
 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.

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Type or Print in Ink.

RECEIVED

OCT 10 AM 9:25

RECEIVED

CITY OF LODI

Date Stamp <b>AND FILED</b> State Office of the Secretary of State of the State of California  <b>OCT 25 1993</b>  MARCH FONG EU, Secretary of State	<b>CALIFORNIA 1991 FORM 415</b>  For Officeholders Only <b>RECEIVED</b>  NOV - 1993  REGISTRAR OF VOTERS SACRAMENTO
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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: JAMES E. GRIFFITH

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET): 1020 Bradford Circle

CITY: Lodi STATE: CA ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: 209/339-8533

## II Information on Office Sought or Held

OFFICE SOUGHT OR HELD: City Council

LOCATION (IF APPLICABLE): Lodi, CA DISTRICT NUMBER (IF APPLICABLE): \_\_\_\_\_

EFFECTIVE DATE OF TERMINATION: 10/21/93

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 By [Signature]  
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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## I Recipient Committee Termination

NAME OF COMMITTEE: CITIZENS TO ELECT JIM GRIFFITH I.D. NUMBER: 921980

ADDRESS OF COMMITTEE (NO AND STREET): 1020 Bradford Circle

CITY: Lodi STATE: CA ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: 209/339-8533

## II Treasurer Information

NAME OF TREASURER: Harry L. Marzoff

PERMANENT ADDRESS OF TREASURER (NO AND STREET): 445 Madrone Ct.

CITY: Lodi STATE: CA ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: 209/369-8274 EFFECTIVE DATE OF TERMINATION: 10/21/93

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Executed on 10/21/93 At Lodi, CA  
 By [Signature]  
 SIGNATURE OF TREASURER

Executed on 10/21/93 At Lodi, CA

By [Signature]  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
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