

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.

Type or Print in Ink.

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Date Stamp	TERMINATION
RECEIVED AND FILED In the Office of the Secretary of State of the State of California JAN 30 1993 MARCH FONG EU, Secretary of State	CALIFORNIA 1991 FORM 415 A For Official Use Only JAN 27 1993 CLERK OF THE SECRETARY OF STATE

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE: THOMAS M. ZANE

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET) 2310 W. TOKAY ST.

CITY LODI, CA. STATE CA. ZIP CODE 95242

AREA CODE/PHONE NUMBER _____

I Recipient Committee Termination

NAME OF COMMITTEE: THOMAS M. (MIKE) ZANE FOR LODI CITY COUNCIL I.D. NUMBER 922037

ADDRESS OF COMMITTEE: (NO. AND STREET) PO Box 455

CITY LODI STATE CA. ZIP CODE 95241

AREA CODE/PHONE NUMBER 209-369-0859

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD: MEMBER, LODI CITY COUNCIL

LOCATION (IF APPLICABLE) LODI, CA. DISTRICT NUMBER (IF APPLICABLE) _____

EFFECTIVE DATE OF TERMINATION: 1-31-93

II Treasurer Information

NAME OF TREASURER: KRISTY F. ZANE

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET) 2310 W. TOKAY ST.

CITY LODI STATE CA. ZIP CODE 95242

AREA CODE/DAYTIME PHONE NUMBER 209-369-8591 EFFECTIVE DATE OF TERMINATION: 1-31-93

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 _____ DATE _____ At LODI, CA. CITY AND STATE

By Thomas M. Zane SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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 1-28-93 DATE _____ At LODI, CA. CITY AND STATE

By Kristy F. Zane SIGNATURE OF TREASURER

Executed on 1-28-93 DATE _____ At LODI, CA. CITY AND STATE

By Thomas M. Zane SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE _____ At _____ CITY AND STATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE _____ At _____ CITY AND STATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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.