

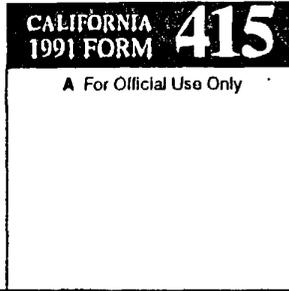
Statement of Termination

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

Type of Print in Ink.

Date Stamp

RECEIVED
 52 JUN 26 AM 10:00
 ALICE M. REINHOLD
 CITY CLERK
 CITY OF LODI



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 W. Pinkerton, Jr.
RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)
 916 W. Turner Road
CITY STATE ZIP CODE
 Lodi CA 95242
AREA CODE/PHONE NUMBER
 209-368-2012

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD:
 State Assembly
LOCATION (IF APPLICABLE) DISTRICT NUMBER (IF APPLICABLE)
 10th
EFFECTIVE DATE OF TERMINATION:
 6/30/92

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 6-25-92 At Lodi, CA
 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:
 James W. Pinkerton, Jr., for Assembly
ADDRESS OF COMMITTEE: (NO. AND STREET)
 1107 Stafford Street
CITY STATE ZIP CODE
 Lodi CA 95242
AREA CODE/PHONE NUMBER
 209-368-9002
I.D. NUMBER
 92-0363

II Treasurer Information

NAME OF TREASURER:
 Jean Beckman
PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)
 1640 Lake Street
CITY STATE ZIP CODE
 Lodi CA 95242
AREA CODE/DAYTIME PHONE NUMBER EFFECTIVE DATE OF TERMINATION
 209-368-3054 6/30/92

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 6-25-92 At Lodi, CA
 By [Signature]
SIGNATURE OF TREASURER

Executed on 6-25-92 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 _____
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.