[ms-0398.004.016.003]

RECIPIENT COMMITTEE
STATEMENT OF TERMINATION

Recipient Committee Statement of Termination

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's campaign disclosure statements.

Date Stamp

CALIFORNIA 1994 FORM **415**

For Official Use Only

I Recipient Committee Information

NAME OF COMMITTEE: Friends of Leon Williams

I.D. NUMBER: 890737

ADDRESS OF COMMITTEE / NO. AND STREET: 450 "A" Street, 2nd Floor

CITY: San Diego STATE: CA ZIP CODE: 92101

AREA CODE/DAYTIME PHONE NUMBER: (619) 239-3065

II Treasurer Information

NAME OF TREASURER: Chris Miller

MAILING ADDRESS OF TREASURER / NO. AND STREET: 450 "A" Street, 2nd Floor

CITY: San Diego STATE: CA ZIP CODE: 92101

AREA CODE/DAYTIME PHONE NUMBER: (619) 239-3065

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED: 6/30/94

IV Verification

A. This committee has ceased to receive contributions and make expenditures;

B. This committee does not anticipate receiving contributions or making expenditures in the future;

C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;

D. This committee has no surplus funds; and

E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 _____ (DATE) At San Diego, CA (CITY AND STATE) By _____ (SIGNATURE OF TREASURER)

Executed on 7/27/94 (DATE) At San Diego, CA (CITY AND STATE) By Leon Williams (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)

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