

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

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

County and City Committees file a copy with:  
Local filing officer who will receive the original  
disclosure statements.

Type or print in ink

Date Stamp	<b>CALIFORNIA 1998 FORM 410</b> For Official Use Only

Amendment

Check box if an Amendment  
and enter I.D. number:

# \_\_\_\_\_

INSTRUCTIONS ON REVERSE

orig. received on 8/5/98

1. Committee Information

Date qualified as committee \_\_\_\_\_  Not yet qualified

NAME OF COMMITTEE

COMMITTEE TO ELECT TAJ KHAN FOR CITY  
COUNCIL.

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)

1112 RIVERGATE DR.

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER.  
LODI CA 95240 209 366-5526

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN  
COUNTY OF DOMICILE

SAN JOAQUIN

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER OPTIONAL: E-MAIL ADDRESS

2. Treasurer and Other Principal Officers

TARION DIN

NAME OF TREASURER

P.O. Box 1712

MAILING ADDRESS

Lodi, CA 95241

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER OPTIONAL: E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this 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 8/4/98 DATE

By Tarion Din SIGNATURE OF TREASURER

Executed on 8/4/98 DATE

By Taj M. Khan SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, 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 Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA 1998 FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

NAME OF COMMITTEE

COMMITTEE ELECT TAJ KHAN FOR CITY COUNCIL

I.D. NUMBER (IF AMENDMENT)

4. Type of Committee: Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any.
- List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT:

TAJ M. KHAN

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

MEMBER CITY COUNCIL

PARTY

NON-PARTIS.

DISPOSITION OF SURPLUS FUNDS:

RETURN LOANS AND DONATE TO NON-PROFIT ORGANIZATIONS

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  CITY Committee  COUNTY Committee  STATE Committee  
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

Provide additional sponsors on an attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

MAILING ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE



**BILL JONES**  
Secretary of State

1500 11<sup>th</sup> Street, Room 495  
Sacramento, CA 95814  
(916) 653-6224  
(916) 653-5045 (FAX)

**POLITICAL REFORM DIVISION**  
P.O. Box 1467  
Sacramento, CA 95812-1467

August 26, 1998

MR TARIQ DIN TREASURER  
PO BOX 1712  
LODI CA 95241

Dear Mr. Din:

**REF:** Committee to Elect Taj Khan for City Council, ID# 981946

Thank you for filing your Statement of Organization - Recipient Committee (Form 410) received on August 7, 1998. As required by the Political Reform Act of 1974, we have reviewed your statement to determine whether it conforms on its face with the disclosure requirements. This letter is to note the results of our review and to assign your committee identification number.

REVIEW OF STATEMENT OF ORGANIZATION

We have noted the following to assist you in complying with the requirements of the law:

SECTION II, TREASURER AND OTHER PRINCIPAL OFFICERS

The telephone numbers of the treasurer and/or other principal officers were omitted.

ASSIGNMENT OF COMMITTEE IDENTIFICATION NUMBER

Your committee's identification number is 981946. All correspondence and future campaign disclosure statements must include this identification number. Your committee should also advise entities to which you make contributions or expenditures of your identification number.

Please refer to the instructions "How to Amend a Statement of Organization" on the enclosed Form 410. The original and one copy of this statement should be completed, including full name of committee, identification number, and original signature(s), and then returned to this office within 15 days. If you have any questions, please call Nelwin Jackson at (916) 653-2977.

Sincerely,

A handwritten signature in cursive script that reads "Bob Steele".

BOB STEELE, Chief  
Political Reform Division

Enclosure

Statenien' Organization  
Recipient Committee

Amendment

Check box if an Amendment and enter I.D. number:

# \_\_\_\_\_

INSTRUCTIONS ON REVERSE

File original and one copy with:  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467  
County and City Committees file a copy with:  
Local filing officer who will receive  
disclosure statements.

Type or print in Ink

Date Stamp

RECEIVED AND FILED  
POLITICAL REFORM DIVISION  
OFFICE OF SECRETARY OF STATE  
300 F STREET - 5  
SACRAMENTO, CA 95834  
AUG - 7 AM 11:34

STATEMENT OF ORGANIZATION  
**CALIFORNIA 1998 FORM 410**  
For Official Use Only

1. Committee Information

Date qualified as committee \_\_\_\_\_  Not yet qualified

NAME OF COMMITTEE

COMMITTEE TO ELECT TAJ KHAN FOR CITY COUNCIL.

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)

1112 RIVERGATE DR.

CITY

STATE CA ZIP CODE 95240 AREA CODE/PHONE NUMBER 209 365-5526

COUNTY OF DOMICILE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER E-MAIL ADDRESS

2. Treasurer/Secretary of Municipal Officers

NAME OF TREASURER

TARION DIN

MAILING ADDRESS

P.O. Box 1712

Lodi, CA 95241

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this 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 8/4/98 DATE

By David J. Khan SIGNATURE OF THE TREASURER

Executed on 8/4/98 DATE

By Taj M. Khan SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE THE INFORMATIONAL MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA 1998 FORM 410**

INSTRUCTIONS ON REVERSE

Page 2

NAME OF COMMITTEE

COMMITTEE ELECT TAJ KHAN FOR CITY COUNCIL

I.D. NUMBER (IF AMENDMENT)

4. Type of Committee: Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any.
- List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT:

TAJ M. KHAN

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

MEMBER CITY COUNCIL

PARTY

NON-PARTISAN

DISPOSITION OF SURPLUS FUNDS:

RETURN LOANS AND DONATE TO NON-PROFIT ORGANIZATIONS

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  CITY Committee  COUNTY Committee  STATE Committee  
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

Provide additional sponsors on an attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

MAILING ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE



CITY OF LODI  
ADMINISTRATION

ACTION SLIP

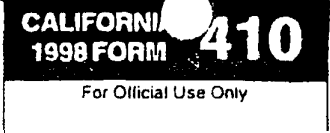
TO: <i>Alicia</i>		DATE: <i>9/8</i>
FROM: <i>Jay Khan</i>		TIME: <i>12:20</i>
FOR ACTION INDICATED:		
<input type="checkbox"/> As Requested	<input type="checkbox"/> Phoned	<input type="checkbox"/> For Typing
<input type="checkbox"/> Information	<input type="checkbox"/> Returned Your Call	<input type="checkbox"/> For Filing
<input checked="" type="checkbox"/> Comment	<input checked="" type="checkbox"/> Was In Office	<input type="checkbox"/> For Mailing
<input type="checkbox"/> Approval	<input type="checkbox"/> Will Call Back	<input type="checkbox"/> Copy/Print Requested
<input type="checkbox"/> Return	<input type="checkbox"/> Please Contact	<input type="checkbox"/> For Your Signature
<input type="checkbox"/> Let's Discuss	<input type="checkbox"/> Please Take Care of This	<input type="checkbox"/> Due _____ AM/PM
PHONE: _____		
Area Code	Number	Extension
REMARKS:  <i>Phone # for Tariq Din IS: 914-1484</i>		

Statement of Organization  
 Recipient: Committee

STATEMENT OF ORGANIZATION

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

Date Stamp



Amendment

Check box if an Amendment  
 and enter I.D. number:

# 981946

County and City Committees file a copy with:  
 Local filing officer who will receive the original  
 disclosure statements.

Type or print in ink

INSTRUCTIONS ON REVERSE

1. Committee Information

Date qualified as committee        /        /         Not yet qualified

NAME OF COMMITTEE

COMMITTEE TO ELECT TAJ KHAN FOR CITY  
 COUNCIL.

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)

1112 RIVERGATE DR.

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER  
LODI CA 95240 209 368-5586

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN  
 COUNTY OF DOMICILE

SAN JOAQUIN

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER OPTIONAL: E-MAIL ADDRESS

2. Treasurer and Other Principal Officers

TARIQ DIN

NAME OF TREASURER

P.O. Box 1712

MAILING ADDRESS

Lodi, CA 95241 (209) 914-1484  
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER OPTIONAL: E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this 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 8/4/98  
 DATE

By Tariq Din  
 SIGNATURE OF TREASURER

Executed on 8/4/98  
 DATE

By Taj M. Khan  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
 DATE

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

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, 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.

*mailed on 9/8/98*



**BILL JONES**  
Secretary of State

1500 11<sup>th</sup> Street, Room 495  
Sacramento, CA 95814  
(916) 653-6224  
(916) 653-5045 (FAX)

**POLITICAL REFORM DIVISION**  
P.O. Box 1467  
Sacramento, CA 95812-1467

September 28, 1998

MR TARIQ DIN  
PO BOX 1712  
LODI CA 95241

Dear Mr. Din:

**FILER:** Committee to Elect Taj Khan for City Council, ID# 981946

Thank you for filing the amendment to your Statement of Organization - Recipient Committee (Form 410) received on September 11, 1998. As required by the Political Reform Act of 1974, your statement has been reviewed to determine whether it conforms on its face with the disclosure requirements. This letter is to note the results of our review.

REVIEW OF AMENDED STATEMENT OF ORGANIZATION

We have noted the following to assist you in complying with the requirements of the law:

SECTION 4 - TYPE OF COMMITTEE

Please complete all sections appropriate to your committee activity. At least one section must be completed.

Please refer to the instructions "How to Amend a Statement of Organization" on the enclosed Form 410. The original and one copy of this statement should be completed, including full name of committee, identification number, and original signature(s), and then returned to this office within 15 days.

If you have any questions, please call Sandra Nugent at (916) 653-7684.

Sincerely,

BOB STEELE, Chief  
Political Reform Division

Enclosure

BS:cj

*Wrong letter  
per Sec. State on  
10/29. Just need an  
original signature.  
[initials]*



Statement of Organization  
Recipient Committee

981946

STATEMENT OF ORGANIZATION

Amendment

Check box if an Amendment  
and enter I.D. number:

# 981946

INSTRUCTIONS ON REVERSE

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

RECEIVED

Date Stamp

Time

OCT 07 1998

County and City Committees file a copy with:  
Local filing officer who will receive the original  
disclosure statements.

Alice M. Reinche  
City Clerk  
City of Lodi

Type or print in ink

CALIFORNIA 1998 FORM 410

For Official Use Only

RECEIVED AND FILED  
POLITICAL REFORM DIVISION  
OFFICE OF SECRETARY OF STATE

98 SEP 11 PM 1:30

405

R-SN

1. Committee Information

Date qualified as committee \_\_\_\_\_  Not yet qualified

NAME OF COMMITTEE

COMMITTEE TO ELECT TAJ KHAN FOR CITY  
COUNCIL.

ADDRESS OF COMMITTEE NO AND STREET (NO PO BOX)

1112 RIVERGATE DR.

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

LODI CA 95240 209 368-5586

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

SAN JUAN

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER OPTIONAL: E-MAIL ADDRESS

2. Treasurer and Other Principal Officers

TARIQ DIN  
NAME OF TREASURER

P.O. Box 1712  
MAILING ADDRESS

Lodi, CA 95241 (209) 914-1484  
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER OPTIONAL: E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this 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 8/4/98 DATE

By Tariq Din SIGNATURE OF TREASURER

Executed on 8/4/98 DATE

By Taj M. Khan SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE THE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Statement of Organization  
 Recipient Committee

Amendment

Check box if an Amendment  
 and enter ID number:

# 981946

INSTRUCTIONS ON REVERSE

This original and  
 copy will be  
 Secretary of State  
 Political Reform Division  
 P.O. Box 1467  
 Sacramento, CA 95812-1467

County and City Committees file a copy with:  
 Local filing officer who will receive the original  
 disclosure statements.

Type or print in ink

1. Committee Information

Date qualified as committee \_\_\_\_\_  Not yet qualified

NAME OF COMMITTEE

COMMITTEE TO ELECT TAJ KHAN FOR CITY  
 COUNCIL.

ADDRESS OF COMMITTEE (NO AND STREET AND PO BOX)

1112 RIVERGATE DR

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

LODI

CA

95240

209 368-5526

COUNTY OF COMICRE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT FROM  
 COUNTY OF COMICRE

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

OPTIONAL AREA CODE/FAX NUMBER

OPTIONAL E-MAIL ADDRESS

3. Verification

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

Executed on 8/4/98 DATE

BY Taj M. Khan SIGNATURE OF TREASURER

Executed on 8/4/98 DATE

BY Taj M. Khan SIGNATURE OF CONTROLLER

Executed on \_\_\_\_\_ DATE

BY \_\_\_\_\_ SIGNATURE OF COMPTROLLER

Executed on \_\_\_\_\_ DATE

BY \_\_\_\_\_ SIGNATURE OF CLERK

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977 SEE THE COMPTROLLER'S MANUAL RECORDMAINTENANCE

Per Sec of State - resigned. mailed on 10/29/98

STATEMENT OF ORGANIZATION

**CALIFORNIA 410**  
 1998 FORM For Official Use Only

FILED AND FILED  
 POLITICAL REFORM DIVISION  
 OFFICE OF SECRETARY OF STATE

98 SEP 11 PM 1:30

2. Treasurer and Other Principal Officers  
 CA SECRETARY OF STATE

TARIQ DIN

P.O. Box 1712

MAILING ADDRESS

Lodi CA 95241 (209) 914-1484

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICERS, IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL AREA CODE/FAX NUMBER OPTIONAL E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2  
I.D. NUMBER (IF AMENDMENT)

NAME OF COMMITTEE  
COMMITTEE ELECT TAJ KHAN FOR CITY COUNCIL

4. Type of Committee: Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any.
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- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT:

TAJ M. KHAN

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

LIBERTY CITY COUNCIL

PARTY

NON-PARTIS.

DISPOSITION OF SURPLUS FUNDS:

RETURN LOANS AND DONATE TO NON-PROFIT ORGANIZATIONS

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT	OPPOSE
SUPPORT	OPPOSE

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  CITY Committee  COUNTY Committee  STATE Committee  
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

MAILING ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE

*Taj M. Khan*