

Statement of Organization  
Recipient Committee

COPY  
39

981839

STATEMENT OF ORGANIZATION

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 the original disclosure statements.

Type or print in Ink

RECEIVED AND FILED  
In the office of the Secretary of State  
of the State of California

CALIFORNIA  
1998 FORM 410

JUL 31 1998 11 AM 10:23

BILL JONES, Secretary of State  
CITY CLERK  
CITY OF LOS ANGELES

1. Committee Information

Date qualified as committee 7/22/98  Not yet qualified

NAME OF COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

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

1311 MIDVALE ROAD

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Lodi CA 95240 209/333-0370

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

BRUCE SASAKI  
NAME OF TREASURER

1806 W. KETTLEMAN LANE, SUITE 9  
MAILING ADDRESS

Lodi CA 95242 209/369-3548  
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

209/333-2104

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 7/29/98 DATE

By Bruce Sasaki SIGNATURE OF TREASURER

Executed on 7/29/98 DATE

By [Signature] 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.

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INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

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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:

ROBERT JOSEPH JOHNSON

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

LODI CITY COUNCIL

PARTY

REPUBLICAN

DISPOSITION OF SURPLUS FUNDS:

CHARITY

**Primarily Formed Committee**

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

N/A

	SUPPORT	OPPOSE

**General Purpose Committee**

N/A

**Sponsored Committee**

Provide additional sponsors on an attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

N/A

MAILING ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE