

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

Amendment

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

R-39

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

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BILL JONES  
CITY CLERK  
CITY OF LODI  
CA SECRETARY OF STATE

INSTRUCTIONS ON REVERSE

1. Committee Information

Date qualified as committee 8/1/98  Not yet qualified

NAME OF COMMITTEE

The To Elect Jane Lea  
to Lodi City Council

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

1931 Holly dr.

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Lodi Ca 95242 209-367-0377

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

Same

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

JaneLea@Jps.net

2. Treasurer and Other Principal Officers

Dawn Squires

NAME OF TREASURER

508 Hilborn Street

MAILING ADDRESS

Lodi Ca 95240 209-334-1934

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Camille Green - member

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

405 E. Pine

MAILING ADDRESS

Lodi Ca 95240 209-334-3931

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 08-01-98  
DATE

By Dawn Squires  
SIGNATURE OF TREASURER

Executed on 08-01-98  
DATE

By Jan M  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 08-01-98  
DATE

By Camille Green  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 08-01-98  
DATE

By Jeanne Mouser  
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

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NAME OF COMMITTEE

The Committee to Elect Jane Lea to Lodi 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:

Jane Lea

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

City of Lodi City Council Member

PARTY

**Primarily Formed Committee**

Jane Lea

City of Lodi City Council Member X

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  
n/a

**Sponsored Committee**

NAME OF SPONSOR:

n/a

INDUSTRY GROUP OR AFFILIATION OF SPONSOR: