

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

982032

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

Date Stamp
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OFFICE OF SECRETARY OF STATE

CALIFORNIA 1998 FORM 410

For Official Use Only

98 AUG 10 AM 10:16

BILL JONES
CA SECRETARY OF STATE

Amendment

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

39

II _____

INSTRUCTIONS ON REVERSE

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

445 MADRONE COURT
CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Lodi CA 95242 (209) 333-7682
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

SAN JOAQUIN 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

CAROLINE MARROFF
NAME OF TREASURER

445 MADRONE COURT
MAILING ADDRESS

Lodi CA 95242 209 333-8811
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 AUGUST 5, 1998
DATE

By Caroline G. Marroff
SIGNATURE OF TREASURER

Executed on AUGUST 5, 1998
DATE

By [Signature]
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 INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 410 (2/98)
For Technical Assistance: 916/499-5500

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STATEMENT OF ORGANIZATION

CALIFORNIA 1998 FORM 410

Page 2

I.D. NUMBER (IF AMENDMENT)

NAME OF COMMITTEE

COMMITTEE TO ELECT HARRY L. MARZOFF

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:

HARRY L. MARZOFF

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

MEMBER CITY COUNCIL

PARTY

LODI BOYS AND GIRLS CLUB

Primarily Formed Committee Prima

		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: