

Statement of Organization
Recipient Committee

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified o

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

07, 27, 01
Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
RECEIVED 01 JUL 30 PM 3:00 JUSAN J. BLACKSTON CITY CLERK CITY OF LODI	

1. Committee Information

NAME OF COMMITTEE
COMMITTEE TO ELECT DON LINDSAY

STREET ADDRESS (NO P.O. BOX)
616 N. PLEASANT AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LODI</u>	<u>CA</u>	<u>95240</u>	<u>209-339-4215</u>

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
delindsay@yahoo.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
<u>SAN JOAQUIN</u>	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CAROL E. LINDSAY

STREET ADDRESS
616 N. PLEASANT AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LODI</u>	<u>CA</u>	<u>95240</u>	<u>209-339-4215</u>

NAME OF ASSISTANT TREASURER, IF ANY
DON LINDSAY

STREET ADDRESS
616 N. PLEASANT AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LODI</u>	<u>CA</u>	<u>95240</u>	<u>209-339-4215</u>

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

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 27, 2001
DATE

Executed on July 27, 2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By Carol E. Lindsay
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Candidate verified to be...

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CALIFORNIA FORM 410

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I.D. NUMBER

COMMITTEE NAME

COMMITTEE TO ELECT DON LINDSAY

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, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
DON LINDSAY	LODI CITY COUNCIL	2002	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
FARMERS + MERCHANTS BANK OF CENTRAL CA	209-334-1101	1036181201
ADDRESS	CITY	STATE ZIP CODE
P.O. BOX 3000 (121 W. PINE ST.)	LODI	CA 95241-1902

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

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COMMITTEE NAME

COMMITTEE TO ELECT DON LINDSAY

I.D. NUMBER

4. Type of Committee (Continued)

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

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

This committee has ceased to receive contributions and make expenditures;

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

This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;

This committee has no surplus funds; and

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

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.