

923208

STATEMENT OF ORGANIZATION

Statement of Organization  
Recipient Committee

(Government Code Sections 84101-84103)

Type or Print In I

39

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with: Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467  
And, if applicable, file one copy of this form with: The city or county officer, if any, who receives the committee's original campaign disclosure statements.

Amendment  
 Check box if an Amendment and enter I.D. number:  
  
Date qualified as Committee: (Month, Day, Year)  
10/13/92  
 Check box if not yet qualified

Date Stamp  
RECEIVED AND FILED  
In the Office of the Secretary of State of the State of California  
OCT 24 1992  
MARCH FONG EU, Secretary of State

CALIFORNIA 1991 FORM 410  
A For Official Use Only  
RECEIVED  
OCT 20 1992  
REGISTRAR OF VOTERS  
SAN JOAQUIN COUNTY

I Committee Information

NAME OF COMMITTEE:  
Committee To Elect Jesse Cordova  
ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET  
330 S. Fairmount Ave., Ste. #5  
CITY: Lodi, CA 95240  
COUNTY: SAN JOAQUIN  
STATE: CA ZIP CODE: 95240  
MAILING ADDRESS: (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
SAME  
CITY: STATE: ZIP CODE: AREA CODE/PHONE NUMBER  
(209) 333-8657

II Treasurer and Other Principal Officers

NAME OF TREASURER:  
Sunil Yadav  
MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)  
1050 S. Cherokee Lane (209) 333-8844  
CITY: Lodi, CA STATE: CA ZIP CODE: 95240 AREA CODE/DAYTIME PHONE:  
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):  
NONE  
MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)  
CITY: STATE: ZIP CODE: AREA CODE/DAYTIME PHONE:

Attach additional information on appropriately labeled continuation sheets.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

Yes (Complete the following)  No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Jesse Cordova, candidate for Lodi City Council member, City of Lodi, California

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

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.

State of California Fair Political Practices Commission

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SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

NAME OF COMMITTEE:

Committee To Elect Jesse Cordova

**IV Broad Based Committee** (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) \_\_\_\_\_

**V Sponsored Committee** Is this a sponsored committee?  Yes  No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET CITY STATE ZIP CODE

**VI Primarily Formed Committee** If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures 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

		CHECK ONE	
		SUPPORT	OPPOSE

**VII Committee's Primary Activity if Not Primarily Formed** If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a:  CITY Committee or  COUNTY Committee or  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**VIII Disposition of Surplus Funds** You must specify what disposition will be made of surplus funds in the event of termination.

Donate to charitable organization.

**IX 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 10/22/92 At Lodi, California By Sumil Syadav  
DATE CITY AND STATE SIGNATURE OF TREASURER

Executed on 10/22/92 At Lodi, California By Jesse Cordova  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT