

922622

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or Print In Ink.

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 section with checkboxes for 'Check box if an Amendment and enter I.D. number' and 'Check box if not yet qualified'.

Date Stamp section with 'RECEIVED AND FILED' stamp dated SEP 17 1992 and 'MARCH FONG ELL, Secretary of State'.

CALIFORNIA 1991 FORM 410 stamp with 'A For Official Use Only'.

I Committee Information

NAME OF COMMITTEE: COMMITTEE TO ELECT BOB JOHNSON; ADDRESS OF COMMITTEE: 1311 MIDVALE LN, Lodi CA 95240; COUNTY: SAN JOAQUIN; MAILING ADDRESS: 209-734-6717.

II Treasurer and Other Principal Officers

NAME OF TREASURER: Bob Johnson; 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. Bob Johnson - Council Member - City of Lodi.

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

**Statement of Organization
Recipient Committee**

Type Print in ink.

STATEMENT OF ORGANIZATION

CALIFORNIA
1991 FORM **410**

Page 2

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

NAME OF COMMITTEE:

Committee To Elect Bob Johnson

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

Bob Johnson

City Council City of Los Angeles

<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
<input type="checkbox"/> SUPPORT	<input type="checkbox"/> 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 funds to local charities

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 9/15/92 AI Los Angeles CA

By [Signature] SIGNATURE OF TREASURER

Executed on 9/15/92 AI Los Angeles CA

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ AI _____

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ AI _____

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT