

**Statement of Organization
Recruitment Committee**

(Government Code Sections 84101-84103)

922126

Type or Print In Ink

39

STATEMENT OF ORGANIZATION

Amendment <input type="checkbox"/> Check box if an Amendment and enter I.D. number: _____	Date Stamp RECEIVED AND FILED RECEIVED In the Office of the Secretary of State of the State of California AUG 14 1992 MARCH FONG EU, Secretary of State.	CALIFORNIA 410 For Official Use Only RECEIVED AUG 19 9:59
		Date qualified as Committee: (Month, Day, Year) <input checked="" type="checkbox"/> Check box if not yet qualified

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.

I Committee Information

NAME OF COMMITTEE:

Committee To Elect Barbara Knight

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET
2314 W. TULSA

CITY
Lodi

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER:

Barbara L. Knight

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

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.

Controlling officer and candidate: Barbara L. Knight

Office Sought: Member, City Council

District Number:

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

**Statement of Organization
Recipient Committee**

Type *Print in Ink.*

STATEMENT OF ORGANIZATION

**CALIFORNIA
1991 FORM** **410**
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SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

Committee To Elect Barbara Knight

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 _____

		SUPPORT	OPPOSE
		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.

Lodi Boys and Girls Club

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 8/12/92 At _____
DATE CITY AND STATE
Executed on 8/12/92 At _____
DATE CITY AND STATE
Executed on _____ At _____
DATE CITY AND STATE
Executed on _____ At _____
DATE CITY AND STATE

By Barbara L. Knight SIGNATURE OF TREASURER
By Barbara L. Knight 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