

922037

STATEMENT OF ORGANIZATION

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, Date Stamp (RECEIVED AND FILED AUGO 6 1992), and CALIFORNIA 1991 FORM 410 stamp.

I Committee Information

NAME OF COMMITTEE: THOMAS M. (MIKE) ZANE FOR LODI CITY COUNCIL. ADDRESS OF COMMITTEE: 2310 W. TOKAY ST., LODI, CA. 95242. MAILING ADDRESS: PO BOX 455, LODI, CA. 95241-0455. AREA CODE/PHONE NUMBER: 209-369-8591.

II Treasurer and Other Principal Officers

NAME OF TREASURER: KRISTY F. ZANE. MAILING ADDRESS: SAME ADDRESS. CITY, STATE, ZIP CODE, AREA CODE/DAYTIME PHONE.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.) [X] Yes (Complete the following) [ ] No

THOMAS M. ZANE, CANDIDATE FOR MEMBER, LODI CITY COUNCIL.

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

**Statement of Organization  
Recipient Committee**

Type or 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

THOMAS M. (MIKE) ZANE FOR LODI CITY COUNCIL

**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

THOMAS M. ZANE TMB

MEMBER, LODI CITY COUNCIL

<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.

SURPLUS FUNDS TO BE DONATED TO THE LODI BOYS & GIRLS CLUB.  
FUNDS, GIFTS, LOANS WILL BE RETURNED TO THE INDIVIDUAL OR ORGANIZATION THAT MADE THE GIFT, LOAN OR DONATION. TMB

**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 8-1-92 At LODI, CA,  
DATE CITY AND STATE

By Kristy J. Zane  
SIGNATURE OF TREASURER

Executed on 8-1-92 At LODI, CA,  
DATE CITY AND STATE

By Thomas M. Zane  
SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPONENT