

Statement of Organization
Recipient Committee
(Government Code Sections 84101-84103)

Type or Print in Ink.

39

STATEMENT OF ORGANIZATION

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:
922622

Date qualified as Committee: (Month, Day, Year)
9/18/92

Check box if not yet qualified

Date Stamp
RECEIVED AND FILED
Office of the Secretary of State of the State of California
OCT 02 1992
MONTGOMERY, Secretary of State.

CALIFORNIA 1991 FORM 410
RECEIVED
OCT 30 1992
REGISTRAR OF VOTERS
SAN JOAQUIN COUNTY

I Committee Information

NAME OF COMMITTEE:

COMMITTEE TO ELECT BOB JOHNSON

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET
1311 MILDVALE LANE
CITY: LODI CA 95240
COUNTY: SAN JOAQUIN
STATE: CA ZIP CODE: 95240

MAILING ADDRESS: (IF DIFFERENT) NO. AND STREET OR P.O. BOX
209-334-6717
CITY: STATE: ZIP CODE: AREA CODE/PHONE NUMBER:

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:

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.

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
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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 Lodi

SUPPORT	OPPOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPPORT	OPPOSE
<input type="checkbox"/>	<input type="checkbox"/>

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.

DISTRIBUTE 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 9/27/92 At Lodi, CA
 Executed on 9/27/92 At Lodi, CA
 Executed on _____ At _____
 Executed on _____ At _____

By [Signature] SIGNATURE OF 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