

Amendment

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

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:  
922126  
Date qualified as Committee: (Month, Day, Year)  
 Check box if not yet qualified

Date Stamp  
RECEIVED AND FILED  
In the Office of the Secretary of State of the State of California  
SEP 14 1992  
MARCH FONG EU, Secretary of State

CALIFORNIA 1991 FORM 410  
A For Official Use Only  
405  
RECEIVED  
OCT 2 1992  
REGISTRAR OF VOTERS  
SAN JOAQUIN COUNTY

**I Committee Information**

NAME OF COMMITTEE:  
Committee To Elect Barbara Knight  
ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET  
CITY STATE ZIP CODE  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE NUMBER  
209-368-3942

**II Treasurer and Other Principal Officers**

NAME OF TREASURER:  
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.

Attach additional information on appropriately labeled continuation sheets.

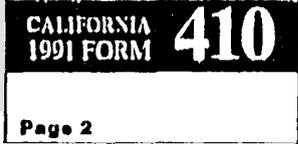
You must complete the Verification on Page 2.

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

**Statement of Organization  
Recipient Committee**

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STATEMENT OF ORGANIZATION



SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.  
NAME OF COMMITTEE \_\_\_\_\_

**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 FIELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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

**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 9/10/92 At Los Angeles, CA By [Signature]  
DATE CITY AND STATE SIGNATURE OF THE ASUREE

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER (IF IT, CANDIDATE, OR STATE MEASURE PROPOSER)

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER (IF IT, CANDIDATE, OR STATE MEASURE PROPOSER)

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER (IF IT, CANDIDATE, OR STATE MEASURE PROPOSER)