

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified or

List I.D. number:

List I.D. number:

5, 2, 02
Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp RECEIVED 2002 MAY -3 AM 9:38 CITY CLERK CITY OF LODI	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

STREET ADDRESS (NO P.O. BOX)

1311 MIDVALE ROAD

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209-340-4608

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

209-340-4612 / VALUE@FOFFCOM.NET

COUNTY OF DOMICILE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SPACE SAKAKI

STREET ADDRESS

1106 W. KETTLEMAN LANE Lodi CA 95240

CITY

STATE

ZIP CODE

AREA CODE/PHONE

209-369-3548

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. 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

5/2/02

DATE

Executed on

5/2/02

DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee To Elect Bob Johnson

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Robert J. Johnson</i>	<i>Lodi City Council</i>	<i>2002</i>	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION <i>Guaranty Bank</i>	AREA CODE/PHONE <i>1-800-288-8222</i>	BANK ACCOUNT NUMBER <i>3802015523</i>
ADDRESS <i>200 N. Chestnut St</i>	CITY <i>Lodi</i>	STATE ZIP CODE <i>CA 95240</i>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List 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	
		SUPPORT	OPPOSE