

**Statement of Organization
Recipient Committee**

Type or print in ink

1267189

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type Initial
Not yet qualified or

07/19/2004
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp

1. Committee Information

NAME OF COMMITTEE

Lodi Balanced Business Coalition, Sponsored by the Lodi Chamber of Commerce

STREET ADDRESS (NO PO. BOX)
35 South School Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Lodi, CA | | 95240 | 209/367-7840 |

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

209/369-9344

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

San Joaquin

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Vona L. Copp
STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------------------------|-------|----------|-----------------|
| 8958 Ivanpah Court Elk Grove, CA | | 95624 | 916/686-1815 |

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 07/28/2004
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Vona L. Copp
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Lodi Balanced Business Coalition, Sponsored by the Lodi Chamber of Commerce

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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 |
|--|---|------------------|---------------------------------------|
| | | | <input 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 | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
|-------------------------------|-----------------|---------------------|----------|
| | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| | | | |

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 |
| Large-scale retail initiative | City of Lodi | | X |
| | | SUPPORT | OPPOSE |

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
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I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |
|-----------------------------------|--|
| Lodi District Chamber of Commerce | Chamber of Commerce |
| STREET ADDRESS NO. AND STREET | CITY STATE ZIP CODE |
| 35 South School Street | Lodi CA, 95240 |

Small Contributor Committee ___/___/___ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.