

1268889

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type [X] Initial [] Amendment [] Termination - See Part 5
Not yet qualified [] or
08/31/2004
Date qualified as committee

List I.D. number: #
Date qualified as committee (if applicable)

List I.D. number: #
Date of Termination

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1. Committee Information

NAME OF COMMITTEE
Citizens Against Measure R, sponsored by and with Major Funding provided by Wal-Mart Stores, Inc.
STREET ADDRESS (NO PO. BOX)
455 Capitol Mall, Suite 801
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento, CA 95814
MAILING ADDRESS (IF DIFFERENT)
OPTIONAL: FAX / E-MAIL ADDRESS
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Sacramento San Joaquin

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mr. Thomas W. Hiltachk
STREET ADDRESS
455 Capitol Mall, Suite 801
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento, CA 95814 (916) 442-7757
NAME OF ASSISTANT TREASURER, IF ANY
Mr. Charles H. Bell Jr.
STREET ADDRESS
455 Capitol Mall, Suite 801
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento, CA 95814 (916) 442-7757
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 08/31/2004 DATE
Executed on DATE
Executed on DATE
Executed on DATE

By [Signature] 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
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Citizens Against Measure R, sponsored by and with Major Funding provided by Wal-Mart Stores, Inc.

I.D. NUMBER
Pending

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
R	City of Lodi		X
		SUPPORT	OPPOSE

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I.D. NUMBER

Pending

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Citizens Against Measure R, sponsored by and with Major Funding provided by Wal-Mart Stores, Inc.

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

Wal-Mart Stores, Inc.

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Retail Stores

STREET ADDRESS NO. AND STREET

702 South West 8th Street

CITY

Bentonville AR, 72716

STATE

ZIP CODE

Small Contributor Committee

Date qualified

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.