

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. Number:  
# 1270860

Termination - See Part 5

List I.D. Number:  
# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

12 / 15 / 2004  
Date of Termination

Date Stamp	<b>RECEIVED</b> JAN 26 2005 City Clerk City of Lodi
For Official Use Only	

**1. Committee Information**

NAME OF COMMITTEE  
Yes on R. Local Businesses, Grocers and Community Leaders  
for Fair Competition

STREET ADDRESS (NOT P.O. BOX)

1040 W. Kettleman Lane, #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209) 957-4917

MAILING ADDRESS (IF DIFFERENT)  
555 Capitol Mall, Suite 1425  
Sacramento CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS  
  
(209) 957-8602

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
San Joaquin County	

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Jodi Meier

MAILING ADDRESS  
1040 W. Kettleman Lane, #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209) 957-4917

NAME OF ASSISTANT TREASURER, IF ANY  
  
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
  
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

**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 JAN 12 2005  
DATE

Executed on JAN 12 2005  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Jodi Meier  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Jodi Meier  
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

**Statement of Organization  
Recipient Committee**

COMMITTEE NAME

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

**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, Measure R	City of Lodi	X	
		SUPPORT	OPPOSE

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COMMITTEE NAME

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

**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

Food 4 Less

Grocer

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

8014 Lower Sacramento Road, Suite I

Stockton

CA

95210

**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 treasure, 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.