

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1244696

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

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp RECEIVED NOV 30 2005 City Clerk City of Lodi	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE
COMMITTEE TO ELECT JOHN BECKMAN

STREET ADDRESS (NO P.O. BOX)
1536 BURGUNDY DR

CITY STATE ZIP CODE AREA CODE/PHONE
LODI CA 95242 209-327-5363

MAILING ADDRESS (IF DIFFERENT)
JOHN Beckman @ comcast.net

OPTIONAL: FAX / E-MAIL ADDRESS
SAN JOAQUIN

COUNTY OF DOMICILE _____ COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
SAM TOLSON

STREET ADDRESS
431 S. HAM LN

CITY STATE ZIP CODE AREA CODE/PHONE
LODI CA 95242 (209)334-7065

NAME OF ASSISTANT TREASURER, IF ANY
John Beckman

STREET ADDRESS
1536 Burgundy Dr.

CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95242 209-327-5363

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

MAILING ADDRESS _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

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 11-29-05 DATE

Executed on 11-29-05 DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Elect JOHN Beckman

I.D. NUMBER

1244696

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>JOHN Beckman</i>	<i>CITY COUNCIL</i>	<i>2006</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	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