

**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:  
# \_\_\_\_\_  
06115106  
Date qualified as committee  
(if applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

Date Stamp <b>RECEIVED</b> 2006 JUN 15 PM 2:40 CITY OF CITY OF LODI	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE

COMMITTEE TO RE-ELECT LARRY HANSEN

STREET ADDRESS (NO P.O. BOX)

2928 APPLEWOOD DRIVE  
CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95242 (209)747-6533  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

Lhansen9116@sbcglobal.net  
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

DAVE KIRSTEN

STREET ADDRESS

1324 MIDVALE RD.

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-333-1100

NAME OF ASSISTANT TREASURER, IF ANY

DEE DAY

STREET ADDRESS

115 S. SCHOOL ST. E SUITE 209-333-1100

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240

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 6/15/06  
DATE

Executed on 6/15/06  
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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

COMMITTEE TO RE-ELECT LARRY D. HANSEN

**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
LARRY D. HANSEN	CITY COUNCIL MEMBER	2006	<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
FEM BANK	(209) 339-2518	1040035401
ADDRESS	CITY	STATE ZIP CODE
121 WEST PINE	Lodi	CA 95242

**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	
<del>LARRY D. HANSEN D11</del>	<del>CITY COUNCIL MEMBER</del>	<del>SUPPORT</del>	<del>OPPOSE</del>
		<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE