

**Statement of Organization
Recipient Committee**

Type or print in ink

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STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

RECEIVED

2007 SEP 12 AM 11:15

Amendment
List I.D. number:

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

CITY CLERK
CITY OF LODI

1288867

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp
RECEIVED
2007 AUG 21 PM 3:49
CITY CLERK
CITY OF LODI

CALIFORNIA FORM 410
For Official Use Only
Office of the Secretary of State
of the State of California
AUG 24 2007
REGISTRAR OF VOTERS
DEBRA BOWEN
Secretary of State DEPUTY

1. Committee Information

NAME OF COMMITTEE

Committee to Elect John E. Johnson

STREET ADDRESS (NO P.O. BOX)

106 S. Orange Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-369-1451

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Joaquin

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John E. Johnson

STREET ADDRESS

106 S. Orange Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-369-1451

NAME OF ASSISTANT TREASURER, IF ANY

Heidi Johnson

STREET ADDRESS

106 S. Orange Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-369-1451

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 8/21/07
DATE

Executed on 8/21/07
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

Committee to Elect John E. Johnson

I.D. NUMBER

1288867

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 E. Johnson</i>			<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	
<i>Bank of Stockton</i>		<i>323 000 4891</i>	
ADDRESS	CITY	STATE	ZIP CODE
<i>120 W. Walnut</i>	<i>Lodi</i>	<i>CA</i>	<i>95240</i>

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