

**Statement of Organization  
Recipient Committee**

Type or print in ink

39

STATEMENT OF ORGANIZATION

Statement Type  Initial  Amendment  
 Not yet qualified  or  
**RECEIVED**  
 MAR 27 2008  
 City Clerk  
 City of Lodi

List I.D. number:  
 # \_\_\_\_\_  
 Date qualified as committee  
 (If applicable)

Termination - See Part 5  
 List I.D. number:  
 # 1290198  
 1 / 11 / 08  
 Date of Termination

Date Stamp  
~~RECEIVED~~  
 2007 JAN 14 PM 1:12  
 CITY CLERK  
 CITY OF LODI

**CALIFORNIA FORM 410**  
 For Official Use Only  
**RECEIVED AND FILED**  
 the office of the Secretary of State  
 of the State of California  
 FEB 20 2008  
**DEBRA BOWEN**  
 Secretary of State

**1. Committee Information**

NAME OF COMMITTEE  
 Lodi Residents for Katzakian

STREET ADDRESS (NO P.O. BOX)  
 48 River Pointe Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209-369-6016

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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  
 Christine Katzakian

STREET ADDRESS  
 48 River Pointe Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209-369-6016

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 1/11/08 DATE  
 Executed on 1/11/08 DATE  
 Executed on 08 MAR 25 PM 2:17 DATE  
 Executed on \_\_\_\_\_ DATE

By Christie Katzakian 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

**COPY**

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Lodi Residents for Katzakian

I.D. NUMBER

1290198

## 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
Phil Katzakian	Council Member	2006	<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	
Bank of Stockton	209-340-2300	1235001011	
ADDRESS	CITY	STATE	ZIP CODE
120 West Walnut	Lodi	CA	95240

### 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

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COMMITTEE NAME

Lodi Residents for Katzakian

I.D. NUMBER

1290198

**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

STREET ADDRESS

NO. AND STREET

CITY

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.