

5
**Statement of Organization
 Recipient Committee**

Type or print in ink

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COPY

STATEMENT OF ORGANIZATION

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

**CALIFORNIA
 FORM 410**

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NOV 12 2008

**DEBRA BOWEN
 Secretary of State**

RECEIVED

DEC 12 2008

City Clerk
 City of Lodi

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____
 # _____ # _____
 Date qualified as committee 08 / 05 / 2008 Date qualified as committee _____ Date of Termination _____
 (if applicable)

1. Committee Information

NAME OF COMMITTEE
 Committee to Oppose Measure W

STREET ADDRESS (NO P.O. BOX)
 1812 Cape Cod Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	209 368-4955

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	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Gregory Goehring

STREET ADDRESS
 321 West Lodi Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209 334-3651

NAME OF ASSISTANT TREASURER, IF ANY
 Phyllis E. Roche

STREET ADDRESS
 1812 Cape Cod Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	209 368-4955

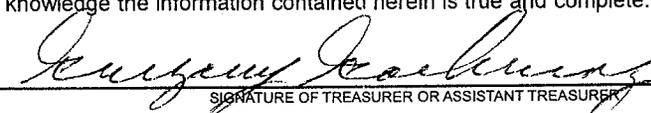
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

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 11-7-08 DATE	By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

I.D. NUMBER

Committee to Oppose Measure W

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
Committee to Oppose Measure W	City of Lodi		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME
Committee to Oppose Measure W

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 _____ / _____ / _____ 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.
Date qualified

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.