

Statement of Organization  
 Recipient Committee

39  
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STATEMENT OF ORGANIZATION

Statement Type  Initial  
 Not yet qualified  or

Amendment  
 List I.D. number:  
 # 1313478  
 08 / 05 / 2008  
 Date qualified as committee  
 (If applicable)

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

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State of California  
 JAN 06 2009  
**DEBRA BOWEN**  
 Secretary of State

**CALIFORNIA FORM 410**  
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 2009 JAN 16 PM 4:26  
 CITY CLERK  
 CITY OF LODI

1. Committee Information

NAME OF COMMITTEE  
 Committee to Oppose Measure W

STREET ADDRESS (NO P.O. BOX)  
 1812 Cape Cod Circle CA 95242 (209) 368-4955

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  
 PHYLLIS E. ROCHE

STREET ADDRESS  
 1812 CAPE COD CIRCLE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209) 368-4955

NAME OF ASSISTANT TREASURER, IF ANY  
 WAYNE KNAUF

STREET ADDRESS  
 1714 WILLOW POINT CT.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209) 339-4320

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

MAILING ADDRESS  
 800 MAPLEWOOD DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	(209) 369-5120

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 01-02-2009  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By Phyllis E. Roche  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
 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

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

COMMITTEE TO OPPOSE MEASURE W

I.D. NUMBER

1313478

## 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

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME  
COMMITTEE TO OPPOSE MEASURE W

I.D. NUMBER  
1313478

**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.