

**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:

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

# 1307800  
08/16/2008  
Date qualified as committee  
(If applicable)

# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED**  
2009 AUG -4 PM 1:11  
CITY CLERK  
CITY OF LODI

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

STREET ADDRESS (NO P.O. BOX)  
35 S. School Street

CITY STATE ZIP CODE AREA CODE PHONE  
Lodi, CA 95240 209-367-7840

MAILING ADDRESS (IF DIFFERENT)  
319 E. Main Street  
Turlock, CA 95380

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
San Joaquin

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Mr. Pat Patrick

STREET ADDRESS  
35 S. School Street

CITY STATE ZIP CODE AREA CODE PHONE  
Lodi, CA 95240 209-367-7840

NAME OF ASSISTANT TREASURER, IF ANY  
Amy Wilson

STREET ADDRESS  
319 E. Main Street

CITY STATE ZIP CODE AREA CODE PHONE  
Turlock, CA 95380 209-669-0880

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

MAILING ADDRESS  
1355 LAKEWOOD MALL

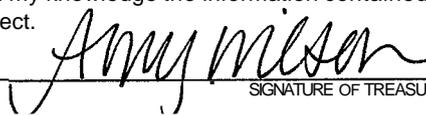
CITY STATE ZIP CODE AREA CODE PHONE  
LODI, CA 95242

Affach *additional information* on appropriately labeled continuation sheets.

**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 07/02/2009 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By  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

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM **410**

INSTRUCTIONS ON REVERSE

ID. NUMBER 2 of 5

COMMITTEE NAME

Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

1307800

## 2a. Additional Officers

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

STEVE COLDANI

MAILING ADDRESS

1806 WEST KETTLEMEN LANE, SUITE J

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95242

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

CAROL FARRON

MAILING ADDRESS

975 S FAIMONT AVE

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95241

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

JERRY FRY

MAILING ADDRESS

12609 N WEST LANE

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95240

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

MIKE GEORGUSON

MAILING ADDRESS

806 W LODI AVE

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95240

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

DALE GILLESPIE

MAILING ADDRESS

1420 S. MILLS AVE. SUITE K

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95242

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

ROSA HARNACK

MAILING ADDRESS

3255 W. MARCH LN. SUITE 300

CITY STATE ZIP CODE AREA CODE PHONE

STOCKTON, CA 95219

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

JOE HOHENRIEDER

MAILING ADDRESS

715 S. GUILD AVE

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95240

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

NANCY HYSKE

MAILING ADDRESS

122 N CHURCH ST., THE SCHAFFER BUILDING

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95240

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

I.D. NUMBER

1307800

**2a. Additional Officers**

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

ANNE MATSON

MAILING ADDRESS

1370 E TURNER RD.

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95240

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

KAREN MUNRO

MAILING ADDRESS

3449 DEER PARK DR.

CITY STATE ZIP CODE AREA CODE PHONE

STOCKTON, CA 95219

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

RUSS MUNSON

MAILING ADDRESS

1530 EDGEWOOD DR.

CITY STATE ZIP CODE AREA CODE PHONE

LODI, CA 95240

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

JONATHAN WETMORE

MAILING ADDRESS

115 N. SCHOOL ST. SUITE 5

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

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

MAILING 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

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE PHONE

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION	
CALIFORNIA FORM	<b>410</b>
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

ID. NUMBER  
1307800

## 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

### Primarily Formed Committee

is 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

Statement of Organization  
Recipient Committee

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CALIFORNIA FORM 410

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COMMITTEE NAME  
Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

I.D. NUMBER  
1307800

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

To support local and statewide candidates.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Lodi District Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.