

**Statement of Organization
Recipient Committee**

39

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:

12 / 01 / 08
Date qualified as committee
(If applicable)

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

_____/_____/_____
Date of Termination

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

JAN 12 2009

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only
2009 JAN 27 AM 10:57

CITY CLERK
CITY OF LODI

1. Committee Information

NAME OF COMMITTEE

YES ON MEASURE W, SPONSORED BY THE LODI CHAMBER OF
COMMERCE

STREET ADDRESS (NO P.O. BOX)

35 SOUTH SCHOOL STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209 367-7840

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

209 369-6344 FAX

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

ROBERT E PATRICK

STREET ADDRESS

35 SOUTH SCHOOL STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209 367-7840

NAME OF ASSISTANT TREASURER, IF ANY

AMY B 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	

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 _____
DATE

Executed on _____
DATE

Executed on _____
DATE

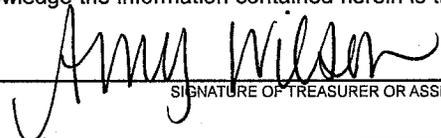
Executed on _____
DATE

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



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CALIFORNIA FORM 410

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

YES ON MEASURE W

(Sponsored by Lodi District Chamber of Commerce)

I.D. NUMBER

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

YES ON MEASURE W

(Sponsored by Lodi District Chamber of Commerce)

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LODI, CA 95242

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LODI, CA 95242

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LODI, CA 95240

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

YES ON MEASURE W

(Sponsored by Lodi District Chamber of Commerce)

I.D. NUMBER

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
BALLOT MEASURE W (LODI CITY MEASURE RELATING TO REDEVELOPMENT)	BALLOT MEASURE W, CITY OF LODI, CA.	X	
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

YES ON MEASURE W

(Sponsored by Lodi District Chamber of Commerce)

I.D. NUMBER

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

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

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

35 S. School Street

Lodi, CA 95240

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.