

**Statement of Organization  
Recipient Committee**

Type or print in ink

Date Stamp	<b>CALIFORNIA FORM 410</b>
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2011 JAN 26 PM 2:52	
CITY CLERK CITY OF LODI	

**Statement Type**

Initial  
Not yet qualified  or

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

Amendment

List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination – See Part 5

List I.D. number:  
# 1288867

1 / 26 / 11  
Date of Termination

**1. Committee Information**

NAME OF COMMITTEE  
COMMITTEE TO ELECT JOHN E. JOHNSON LODI CITY COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

106 S ORANGE AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209-369-1451

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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  
JOHN E. JOHNSON

STREET ADDRESS (NO P.O. BOX)  
106 S ORANGE AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209-369-1451

NAME OF ASSISTANT TREASURER, IF ANY  
HEIDI JOHNSON

STREET ADDRESS (NO P.O. BOX)  
106 S ORANGE AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209-369-1451

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

**3. Verification**

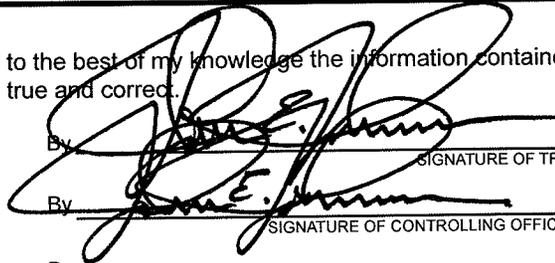
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/26/11 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