

**Statement of Organization
Recipient Committee**

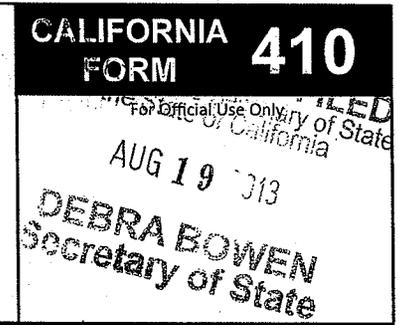
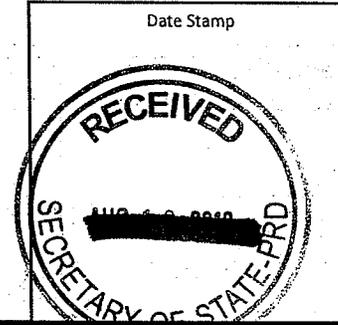
Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1289071
_____/_____/_____
Date qualified as committee
(if applicable)

Termination **CITY CLERK Part 5**
List I.D. number:
1289071
01 / 31 / 2007
Date of Termination

RECEIVED

SEP - 9 2013



1. Committee Information

NAME OF COMMITTEE
Committee to Re-Elect Larry D. Hansen
STREET ADDRESS (NO P.O. BOX)
P.O. Box 2076
CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95241 (209)333-1100
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Joaquin City of Lodi

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David A. Kirsten
STREET ADDRESS (NO P.O. BOX)
1324 Midvale Road
CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95240 (209)333-1100
NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach 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 08/14/2013 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 08/14/2013 By Larry D. Hansen
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT