

**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 Stamp RECEIVED 2010 AUG 26 PM 2:08 CITY CLERK CITY OF LODI	CALIFORNIA FORM 410 For Official Use Only
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_____/_____/_____
Date qualified as committee

1329871
08/26/10
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Elect Kitzakian for City Council 2010

STREET ADDRESS (NO P.O. BOX)

48 River Pointe Cir.

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-481-2217

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

phikat@hotmai.com

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

Chris Kitzakian

STREET ADDRESS (NO P.O. BOX)

48 River Pointe Cir.

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-224-4249

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

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 8/26/10
DATE

Executed on 8/26/10
DATE

Executed on _____
DATE

Executed on _____
DATE

By Chris Kitzakian
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

X By [Signature]
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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elect Katzakian for City Council 2010

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I.D. NUMBER

1329871

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
<i>Phil Katzakian</i>	<i>Lodi City Council</i>	<i>2010</i>	<input checked="" 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	
<i>Central Valley Community Bank</i>	<i>209-333-5000</i>	<i>054002338</i>	
ADDRESS	CITY	STATE	ZIP CODE
<i>1901 W. Kettleman Lane, Suite 100</i>	<i>Lodi</i>	<i>CA</i>	<i>95242</i>

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