

39

Statement of Organization Recipient Committee

1329871

Rejected: RG 8/6/10
Returned: SB 8/9/2010

RECEIVED

Type or print in ink

Statement Type

Initials: X
Not yet qualified: X
City Clerk of Lodi: X

AUG 24 2010

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

RECEIVED AND FILED

in the office of the Secretary of State of the State of California

AUG 05 2010

DEBRA BOWEN Secretary of State

CALIFORNIA FORM 410

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AUG 13 2010

DEBRA BOWEN Secretary of State

COPY

1. Committee Information

NAME OF COMMITTEE

Elect Katzakian for City Council 2010

STREET ADDRESS (NO P.O. BOX)

48 River Pointe Cir. Lodi CA 95240

CITY STATE ZIP CODE AREA CODE/PHONE

209-369-6016 or 209-481-2217

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

phil.kate@hotmail.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 Katzakian

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 7/23/10 DATE

Executed on 7/23/10 DATE

Executed on _____ DATE

Executed on _____ DATE

By Chris Katzakian SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA **410**
FORM

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

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
Phil Katzakian	Lodi City Council	2010	<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
Central Valley Community Bank	209-333-5000	054 002249
ADDRESS	CITY	STATE ZIP CODE
1901 W. Kettleman Lane, Suite 100	Lodi,	CA 95242

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