

39

Statement of Organization Recipient Committee

Type or print in ink

1330457

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified, Clerk
CITY CLERK
CITY OF LODI
RECEIVED
SEP 14 AM 10:58

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

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

RECEIVED AND FILED
AUG 24 2010
DEBRA BOWEN
Secretary of State

For Official Use Only
CALIFORNIA FORM 410
SEP 13 2010
REGISTRAR OF VOTERS
SAN JOAQUIN COUNTY

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO ELECT JAY PATEL
LODI CITY COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

28 SOUTH MAIN STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LODI

CA

95240

916-835-6306

MAILING ADDRESS (IF DIFFERENT)

P.O. BOX 597, LODI, CA 95241

OPTIONAL: FAX / E-MAIL ADDRESS

209-368-2040

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

SAN JOAQUIN

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JAY PATEL

STREET ADDRESS

28 SOUTH MAIN STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LODI

CA

95240

916-835-6306

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 AUGUST 23, 2010
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on AUGUST 23, 2010
DATE

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

COMMITTEE TO ELECT JAY PATEL

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 |
|--|---|------------------|--|
| JAY PATEL | COUNCIL MEMBER, CITY OF LODI | 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 | | |
|-------------------------------|-----------------|---------------------|----------|--|
| BANK OF THE WEST | 209-369-0283 | | | |
| ADDRESS | CITY | STATE | ZIP CODE | |
| 229 SOUTH CHURCH STREET | LODI | CA | 95240 | |

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 |
| N/A | | | |
| | | SUPPORT | OPPOSE |