

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: # 1314058  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ # \_\_\_\_\_ # 1314058  
 Date qualified as committee Date qualified as committee Date of Termination  
(if applicable)

Date Stamp	<b>CALIFORNIA FORM 410</b> <small>For Official Use Only</small>
RECEIVED	
AUG 19 2013 CITY CLERK	

**1. Committee Information**

NAME OF COMMITTEE  
Yes on Measure W, sponsored by Lodi Chamber of Commerce  
STREET ADDRESS (NO P.O. BOX)  
35 South School Street  

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209)367-7840

MAILING ADDRESS (IF DIFFERENT)  
Same  
FAX / E-MAIL ADDRESS  

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Joaquin	Same

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Robert E. Patrick  
STREET ADDRESS (NO P.O. BOX)  
35 South School Street  

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209)367-7840

NAME OF ASSISTANT TREASURER, IF ANY  
STREET ADDRESS (NO P.O. BOX)  

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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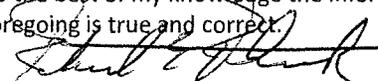
NAME OF PRINCIPAL OFFICER(S)  
STREET ADDRESS (NO P.O. BOX)  

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 08/15/2013 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 08/15/2013 By \_\_\_\_\_  
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

\* Sent to SOS on 9/4/13 (3)

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Yes on Measure W, sponsored by Lodi Chamber of Commerce	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of Stockton	AREA CODE/PHONE (209)941-1200	BANK ACCOUNT NUMBER 1235002977
ADDRESS Po Box 1110	CITY Stockton	STATE ZIP CODE CA 95202

**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 "nonpartisan."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>